

Running Head: JA Delphi Study

Raising the Bar: Meeting Healthcare Law Contemporary Challenges for Healthcare Judge

Advocates in the United States Army and Air Force

A Graduate Management Project

Submitted to the Faculty of U.S. Army-Baylor University

by

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## Abstract

United States Army and Air Force Judge Advocates whose clients are healthcare organizations were chosen to identify the most pressing issues facing them and to identify the relative importance of sources from which legal knowledge is acquired. For this study, the investigators conducted two iterations of the Delphi technique separated by content analysis performed by an expert panel. In the first round, the investigators received responses from 13 of 27 respondents (48.2%) and identified 62 issues. After content analysis, these competencies were refined into 20 unique issues or problem areas that were categorized into six domains. The domains were contracting, quality management, compliance, human resource, medical ethics, and financial management. During the second round, 16 of 32 respondents (50%) utilized a 7-point bipolar Lickert scale to rate each domain and each competency contained within the domain for importance. They evaluated the importance of six sources from which legal knowledge is acquired. The two highest rated domains were compliance (5.50) and medical ethics (5.19), followed by quality management (5.13) and contracting (4.56). The five highest rated competencies were the proper release of personal health information (6.75), medical malpractice defense (6.50), adverse actions process (6.19), medical research (6.06) and compliance with the joint ethics regulation (5.88). Notably, informal methods of acquiring legal knowledge dominated in importance, with 50 of the 60 highest ratings in the acquisition of legal knowledge attributed to experience/on-the-job training, personal study, and mentoring. Conversely, of the 50 lowest ratings in the acquisition of legal knowledge, 47 were attributed to formal methods of acquiring legal knowledge such as law school, judge advocate school, and continuing legal education.

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Raising the Bar: Meeting Healthcare Law Contemporary Challenges for Healthcare Judge  
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Introduction

The military health system (MHS) is one of the largest healthcare delivery systems in the world (TRICARE Stakeholders Report, 2003). The MHS uses a military network of 75 hospitals and medical centers, 461 medical clinics, and 131,065 personnel that is augmented by a civilian network of facilities and providers to provide high quality and timely medical care to more than eight million eligible beneficiaries in a variety of locations throughout the world (2003). Senior military healthcare leaders are akin to chief executive officers in the civilian healthcare delivery system. However, the senior military healthcare leader must acquire skills not normally required by his or her civilian counterpart. These include military-unique requirements involved in readiness and deployment (e.g., the operation of medical facilities in support of deployed forces in ascetic environments) as well as the direction of joint military and civilian healthcare networks (2003). Senior healthcare leaders and commanders within the military treatment facilities (MTFs) of the MHS, like their civilian counterparts, continue to face rapid environmental change, managerial uncertainty, financial instability, and organizational volatility (Sentell & Finstuen, 1998). The law, even in its amorphous state, is one of the forces sculpting the ever-shifting healthcare landscape. Many decisions that health care leaders, administrators, other professionals, and technical staff must make each day are affected by legal principles, both simple and complex, that have potentially far-reaching consequences (Miller & Hutton, 2000). Senior military healthcare leaders need to have at their disposal competent and flexible legal counsel who can provide



accurate advice and common-sense direction. Such counsel can assist senior military healthcare leaders in negotiating the complex challenges posed in guiding such a healthcare delivery system for the benefit of its beneficiaries and the American taxpayer.

#### *Conditions Which Prompted the Study*

Two conditions prompted the focus of this study. First, senior military healthcare leaders must be able to rely on able and competent counsel who holds the requisite skills, knowledge, and abilities in a discipline (i.e. law) in which healthcare professionals are not themselves generally expert. Three times in the last decade, Congress promulgated specific instructions to the Department of Defense (DoD) regarding the preparation of officers commanding MTFs and other healthcare related military organizations (Arnold, Hale & Holland, 2002). In response, the DoD initiated the Joint Medical Executive Skills Program to prepare officers to assume leadership positions and meet congressional obligations. The secretary of each military department must certify to the Secretary of Defense that, upon appointment, an officer can ably serve as a commander, deputy commander, managed care coordinator at an MTF, TRICARE Lead Agent, or senior staff member of a TRICARE Lead Agent Office. Such certification is performed by evaluating each person's education and training, professional certification, military healthcare experience, officer evaluations, and factors unique to each service (Arnold et al.). In 1994, the Joint Medical Executive Skills Working Group conducted three Delphi surveys of healthcare professionals (senior military medical officers, chief executive officers managing other governmental and civilian healthcare organizations, and incumbent MTF commanders) to assemble opinions on the value of the competencies for job performance and to garner support for the executive skills program (TRICARE, 2002). Survey

participants confirmed the importance of the original 34 competencies identified by the Joint Medical Executive Skills Working Group and suggested additional competencies that brought the overall total to 40 (TRICARE, 2002). The 40 competencies are contained within eight domains or groups, and the competencies listed under each domain are related (Arnold et al.). The eight domains are military medical readiness, general management, health resources allocation and management, medical ethics, individual organizational behavior, clinical understanding, performance measurement, and health law and policy. Under the rubric of health law and policy, competency is required in general public law, international public law, medical liability, medical staff by-laws, regulations, and external accreditation. Given the breadth of the 40 competencies, MTF leaders are expected to have knowledge of or skill in an extraordinarily wide variety of complex and diverse skills. Ehresmann and Davis (2002) posit that many senior military healthcare executives fail because they do not possess some critical, executive-level skill or skills not contained within their medical specialty. The health law and policy competency might be such a stumbling block because knowledge or skill in that area is little addressed in their professional education. Senior military healthcare leaders must be able to rely on able and competent counsel who holds the requisite skills, knowledge, and abilities to bridge this critical skill gap.

Second, understanding and properly applying legal principles is a complex endeavor. As noted, *supra*, one of the 40 competencies senior military healthcare leaders must possess is general public law. Black, Nolan, & Connolly (1979) define general public law as a classification of the law that consists of constitutional, criminal, administrative, and international law, and which is concerned with the organization of a

state, the relations between the state and its people, the responsibilities of public officers to the state, to each other, and to private persons, and the relations of states to one another. The breadth and depth of just this one area of required competency is truly immense.

Arnold et al. (2002) state that the military services have different definitions of how one becomes adept in a competency. For example, the Army Medical Department states that senior military healthcare leaders can gain competency through resident and non-resident education and from on the job training. Yet, the Air Force Medical Service declares that one can attain executive skills competency through formal course completion, progressive job experience, and external civilian certification. Even if “competency” is attained by one of these methods, senior military healthcare leaders will face situations and challenges where their knowledge regarding health law and policy will be insufficient. It is imperative that senior military healthcare leaders, especially in today’s challenging and turbulent environment, have access to capable and proficient counsel who holds the requisite skills, knowledge, and abilities to supply the right advice at the right time. Therefore, judge advocate (JA) leadership should assure that those attorneys in its charge have the requisite skills, knowledge, and abilities to advise their clients.

#### *Statement of the Problem*

The statement of the problem can be acknowledged as: what are the most crucial issues facing United States Army and Air Force healthcare JAs; and what is the relative importance of the sources of legal knowledge, skills, and abilities required to meet those challenges?

## *Literature Review*

### *Law Defined, the Practice of Law and the Nature of the Attorney-Client Relationship*

To determine the proper sources of knowledge, skills, and abilities needed by JAs, it is important to establish what law is and what the practice of law is. It is also important to explain the nature of the relationship between an attorney and client. The notable American jurists and United States Supreme Court Justices Oliver Wendell Holmes and Benjamin Cardozo defined law in a functional sense as a forecast of the way a court will probably decide specific legal questions (Smith, Roberson, Mann & Roberts, 1985). Blackstone, a prominent English jurist, conversely, defined law as a rule of civil conduct prescribed by a supreme power in a state that commands what is right and what is wrong (1985). The modern view seems to define law as a system of rules and principles, relating to human conduct that are recognized or prescribed by society and enforced by some sort of public authority (Longest, Rakich & Darr, 2000). Miller and Hutton (2000) assert that the purpose of law is to avoid conflict among individuals themselves and between individuals and their government. They saliently point out that since conflicting interests are inevitable, the law also provides a mechanism and framework to resolve those conflicting interests (2000). They also note that law is not an exact science. Legal uncertainty is just as much a reality as the uncertainty faced by medical professionals making diagnostic and treatment decisions (2000). An attorney's advice is inherently valuable because the attorney can use knowledge of how the law has addressed similar questions and issues in the past to predict the most probable answer (2000). Even after a

dispute has arisen, an attorney can play a pivotal role as an advocate of the client's cause to ensure that the legal system is used to the client's full advantage (2000).

What exactly is the practice of law, and who has authority over the practice of law? The definition of the practice of law is established by law itself and generally varies from one jurisdiction to another. Courts and legislatures have often struggled to fashion a precise definition of the practice of law. The Arkansas Supreme Court believed that the practice of law is difficult to define and does not admit of exact definition. *Arkansas Bar Association v. Block*, 323 S.W.2d 912 (Ark. 1959). A Minnesota court also noted that the line between what is and what is not the practice of law cannot be drawn with exact precision. *Cardinal v. Merrill-Lynch Realty/Burnett Inc.*, 433 N.W.2d 864 (Minn. 1988). Other jurisdictions have plunged into the murky waters and have attempted to shape a precise definition of the practice of law. The Oklahoma Supreme Court in *R.J. Edwards, Inc. v Hert*, 504 P.2d 407 (Okla. 1972) defined the practice of law as the rendition of services requiring the knowledge and the application of legal principles and technique to serve the interests of another with his or her consent. An Illinois appellate court in *Continental Cas. Co. v. Cuda*, 715 N.E.2d 663 (Ill. App. Ct. 1999) cited an Illinois Supreme Court definition of the practice of law as "the giving of advice or rendition of any sort of service by any person, firm or corporation when the giving of such advice or rendition of such service requires the use of any degree of legal knowledge or skill." *People ex rel. Illinois State Bar Ass'n v. Schafer*, 404 Ill. 45, 51 (1949). The Maryland legislature has defined the practice of law as the giving of legal advice, the representation of another before a unit of the state or of a political subdivision, or any other service the

state's highest court deems is the practice of law. Md Code Ann., Bus. Occ. & Prof §10-101(h) (2003).

Whether the definition is crafted by a court or legislature, each seems to have key elements. Those elements include the appearance before a court or other body with judicial or quasi-judicial power, the undertaking of representation on behalf of another in connection with a matter of a legal nature, the preparation of legal documents and instruments, the knowledge of and application of legal principles to render advice that could affect the enforcement or defense of legal rights and duties, and the dispensing to another of advice or service under circumstances which imply the possession and use of legal knowledge and skill.

In the United States, courts have traditionally regulated admission to the practice of law before them and exercised the authority to discipline and ultimately to disbar lawyers whose conduct departed from prescribed standards. *Gentile v. State Bar of Nevada*, 501 U.S. 1030, 1066 (1991). For example, a Delaware court has held that the Delaware Supreme Court has sole authority over the practice of law within its jurisdiction. *Delaware Optometric Corp. v. Sherwood*, 128 A.2d 812 (Del.Super. 1957). The Delaware court stated that “[t]he duty of maintaining the [legal] profession and its standards has from the very first remained in our Courts, without any attempt on the part of the General Assembly to control it.” 128 A.2d at 816. The Texas Supreme Court has stated that it has inherent authority over the practice of law within its jurisdiction. *UPLC v. Cortez*, 692 S.W.2d 47 (Tex. 1985) *cert. denied*, 474 U.S. 980 (1985). Unlike the constitutions of Delaware and Texas, the Ohio Constitution specifically vests the Ohio

Supreme Court with authority to establish standards for the practice of law within the state. Ohio Constitution Article IV, Section 2(B)(1)(g). (Guttenberg & Snyder, 1992).

The nature of the attorney client relationship is partly explained within the context of agency law (Guttenberg & Snyder, 1992). Agency is the name affixed to the legal relationship created when two people agree that one of them, called the agent, is to represent the other, called the principal, subject to the principal's right to control the agent's conduct in the delegated activity (Whitman, McCarty, Gibson, Dunfee, Brennan & Blackburn, 1987). The Idaho Supreme Court further defined agency as a relationship when one person acts for or represents another by the latter's authority, either in the relationship of principal and agent, master and servant, or proprietor or employer and independent contractor. *Gorton v. Doty*, 69 P.2d 136, 139 (Idaho 1937). The key characteristic of the agency relationship is that it is a fiducial and consensual relationship. A fiduciary relationship arises whenever confidence is reposed on one side, and domination and influence result on the other; the relationship can be legal, social, personal, or domestic (Black, Nolan & Connolly, 1979). See *In re Heilman's Estate*, 345 N.E.2d 536, 540 (Ill. App. Ct. 1976). More than 150 years ago, the United States Supreme Court recognized the fiduciary relationship between an attorney and a client when it stated:

“[t]here are few of the business relations of life involving a higher trust and confidence than that of attorney and client, or, generally speaking, one more honorably and faithfully discharged; few more anxiously guarded by the law, or governed by sterner principles of morality and justice; and it is the duty of the court to administer them in a corresponding spirit, and to

be watchful and industrious, to see that confidence thus reposed shall not be used to the detriment or prejudice of the rights of the party bestowing it.” *Stockton v. Ford*, 52 U.S. (11 How.) 232, 247 (1850).

This standard is still acknowledged by today’s courts. *Damron v. Herzog*, 67 F.3d 211, 214 (9<sup>th</sup> Cir. 1995).

Black, Nolan and Connolly echo this principle as well, indicating that a fiduciary relationship arises within the context of the relationship between an attorney and a client. Guttenberg and Snyder (1992) point out that as a general tenet, agency law gives the principal complete control over the agent. However, they note that the division of control between an attorney and a client is very different. There is a larger degree of decision-making authority placed with the agent in the relationship between an attorney and a client than in an ordinary agency arrangement. They correctly point out that an attorney has far greater latitude than an ordinary agent to make decisions that affect and bind the client (1992). It is vitally important for the healthcare JAs to have the correct skills, knowledge, and abilities given this unique dynamic of the relationship between the attorney and the client.

*United States Air Force and the United States Army Judge Advocates*

Today, the United States Air Force Judge Advocate General’s Department consists of some 1,300 active duty, 650 reserve, 250 national guard, and more than 300 civilian attorneys (FACT SHEET #1, 2000). In addition, there are more than 1,000 active duty paralegals, 270 reserve paralegals, 150 national guard paralegals, and over 600 civilian legal support personnel (2000). The mission of the United States Air Force Judge Advocate General’s Department is to provide professional legal services needed to



accomplish the mission of the United States Air Force and maintain the highest degree of readiness and effectiveness (2000). The client of the United States Air Force Judge Advocate General's Department is the United States Air Force and its organizations (FACT SHEET #12, 2000). Among these organizations are medical groups contained within objective wings that are assigned to a major command (2000). There are also medically related organizations attached directly to major commands, which, along with field operating agencies and direct reporting units, fall under the responsibility of the Air Staff (2000). There are also medically related organizations contained within field operating agencies, direct reporting units, and the Air Staff itself. Commanders and leaders require accurate legal advice quickly, and the United States Air Force Judge Advocate General's Department must organize and prepare its attorneys to meet this daunting task (FACT SHEET #16, 2000).

The United States Army's Judge Advocate General's Corps has been in existence since 1775, when William Tudor, a law clerk to future President John Adams, was appointed the Judge Advocate (Fact Sheet #1, 2000) and was charged with enforcing the Articles of War, enacted by the Continental Congress in 1775 (2000). Today, the United States Army's Judge Advocate General's Corps consists of 1,500 active-duty attorneys and over 2,600 reserve and national guard attorneys and bills itself as the second-largest law firm in the world (U.S. Army JAG Corps Website, 2003). Members of the United States Army's Judge Advocate General's Corps practice in a multitude of areas. Some attorneys within the United States Army Judge Advocate Corps specialize in the legal issues and problems specific to hospital administration, medical practice, and medical research. They are be involved in such matters as the credentialing of health care

professionals, human subject research, risk management, and defense of medical malpractice claims (2003). Attorneys with the United States Army's Judge Advocate General's Corps serve their medical clients in various United States Army hospitals, clinics and other organizations all over the world.

*The Delphi Technique and the Hudak Method*

This study employs the Delphi technique of scientific inquiry. This forecasting technique has been used as a tool to establish aptitudes in a wide array of contexts, including military and civilian, healthcare and non-healthcare. For example, Hudak, Brooke, and Finstuen note that Delphi forecasts of healthcare trends, policies, and requirements have been reported by organizations such as the Department of Health, Education and Welfare, the American Academy of Nursing, the U.S. Army Medical Department, and the American College of Healthcare Executives (1994). As referenced, *supra*, the Joint Medical Executive Skills Development Program conducted three, single-round Delphi studies to validate the relevance of 34 competencies identified by a small working group through exhaustive review of military and healthcare administration unique curricula (Arnold et al., 2002). Hudak and others point out that the Delphi technique has been demonstrated as wholly appropriate for establishing priorities and future trends in a variety of healthcare settings (2000). The Delphi technique also possesses the advantage of being adaptable to various respondents' time demands and professional backgrounds (2000).

The series of Delphi studies conducted primarily by Hudak, Brooke, and Finstuen provide a uniform analytical framework of research to forecast skills, knowledge, and abilities. Hudak, Brooke, Finstuen, and Riley (1993) began this line of research by

focusing on the identification of what were to be the most important competencies (i.e., domains), within the next 5 years, in the field of healthcare administration. Also, the authors focused their study on the detection of supporting skills, knowledge, and abilities required for each domain. The study respondents were Fellows of the American College of Healthcare Executives. They utilized the technique of content analysis to identify nine domains – (a) cost/finance, (b) leadership, (c) professional skill interactions, (d) health care delivery concepts, (e) accessibility to care, (f) ethics, (g) quality and risk management, (h) technology, and (i) marketing. In addition to identifying the set of skills, knowledge, and abilities required for each domain, their study cataloged the most important skills, knowledge, and abilities regardless of the domain. The five most highly rated skills, knowledge, and abilities were, in descending order – (a) patience, (b) listening skills and communication, (c) leadership, management and human relations, strategic thinking and sense of vision, (d) understanding physician motives, needs and politics, (e) and conflict management, team-building and motivational leadership. By contrast, the five lowest rated skills, knowledge, and abilities were, in descending order – (a) nursing knowledge for high-acuity patient care, (b) knowledge of generic drugs, physician education and bulk purchasing, (c) understanding of tax-based funding, (d) knowledge of epidemiology of AIDS, and (e) critical evaluation of current studies of purchasing (1993).

In their second study (1994), Hudak, Brooke, and Finsteun turned their attention to the public sector (1994). They focused on chief executive officers and chief operating officers of 37 hospitals within the military health care system. Their study asked the respondents to identify the most important issues facing the field of healthcare

administration for the remainder of the 20<sup>th</sup> century. In addition, they were asked to determine the appropriate skills, knowledge, and abilities required to successfully meet those challenges. A panel of experts in health care administration subsequently parsed the issues into nine management domains. The domains were – (a) cost-finance, (b) healthcare delivery, (c) access to care, (d) quality and risk management, (e) technology, (f) professional staff relations, (g) leadership, (h) marketing and (i) ethics. In the second Delphi iteration, these respondents determined the necessary skills, knowledge, and abilities of future healthcare leaders. The five most highest rated skills, knowledge, and abilities were, in descending order – (a) patience, listening skills/communication, (b) leadership, management and human relations, (c) understanding managed care contracts, (d) studies in conflict management, team building and motivational leadership, (e) strategic vision and sense of vision. By contrast, the five lowest rated skills, knowledge, and abilities were, in descending order – (a) knowledge of law and capital development skills, (b) participation in local and state politics, (c) ability to effectively lobby elected officials, (d) understanding tax-based funding, and (e) how to assess tax-exempt and taxable markets (1994).

A third study conducted by Hudak, Brooke, Finsteun, and Trounson (1997) returned to the private sector with a focus on the ambulatory care setting. The respondents consisted of Fellows of the American College of Medical Practice Executives. The authors asked these respondents to identify essential competencies for successful ambulatory healthcare management over the next 5 years. Also, the authors asked the respondents to identify skills, knowledge, and abilities related to those identified competencies. A panel of experts subsequently divided the competencies into

six managerial domains. The six domains identified were – (a) leadership and strategic management, (b) relationships management, (c) resource management, (d) functional management, (e) stakeholder management, and (f) patient care management. During the second iteration of the Delphi study, the study determined the most vital skills, knowledge, and abilities needed for successful performance within the identified domains. The five highest rated skills, knowledge, and abilities were, in descending order – (a) the ability to listen, hear and respond; (b) ability to build trust, respect, and integrity; (c) ability and adaptability to change; (d) skill to speak effectively, write with a purpose and listen attentively; and, finally (e) the ability to work with a variety of professionals. The five lowest rated skills, knowledge, and abilities were, in descending order – (a) sales and marketing skills, (b) knowledge of physician availability and displacement of subspecialties, (c) provide educational opportunities for patients to learn how their insurance works, (d) knowledge of use of the internet and management software, and (e) use of the internet for communication and ordering supplies, services, and materials (1997).

Brooke, Hudak, Finsteun, and Trounson (1998) performed another private sector study to determine the most important competencies required by physician executives over the next 5 years. The focus for this study was physicians of the American College of Medical Practice Executives because these respondents held both clinical and administrative roles. An expert panel developed thirteen management domains. These domains were, – (a) managing health care resources to create quality and value; (b) fundamentals of business and finance; (c) leadership and management competencies; (d) development of vision and strategic planning for health care delivery systems; (e)

communication and interpersonal skills, (f) human resources and performance management; (g) negotiating and contracting; (h) change management; (i) governance and policy development; (j) defining, servicing, and growing the market; (k) applying electronic communications to medical practice; (l) ethics: medical, legal, business; and, (m) maintaining competency for the future. The physician respondents also identified supporting skills, knowledge, and abilities. The five most highly rated skills, knowledge, and abilities were, in descending order – (a) the ability to build and maintain trust, (b) the ability to be honest when facing hard decisions, (c) the ability to articulate a course for the organization, (d) the ability to persuade others to work as a team to achieve the group's goal, and (e) the ability to look for mutually beneficial solutions. The five lowest rated skills, knowledge, and abilities were, in descending order – (a) knowledge of claims payment for capitated payment, (b) knowledge of ancillary service agreements, (c) knowledge of statistical quality control at the patient specific level, (d) knowledge and application of practice valuation techniques, and (e) the ability to evaluate billing records software (1998).

The Hudak studies give a powerful example of how the Delphi method has been used in both the private and public sector with a variety of healthcare professionals. However, there appears to be an absence of any comparable study or assessment of future issues or unique skill requirements for non-healthcare professionals who work in a healthcare setting. Additionally, there appears to be an absence of any comparable study or assessment of future issues or identifying the importance of the sources of acquiring legal knowledge within the United States Air Force Judge Advocate General's Department or the United States Army Judge Advocate General's Corps. Given the ever

changing healthcare environment and the increasing impact of law upon executive decision-making, it was decided that a study of healthcare JAs within the United States Air Force Judge Advocate General's Department and the United States Army Judge Advocate Corps would assist senior JA and military healthcare leaders in (a) identifying the most pressing issues facing Army and Air Force JAs, and (b) identifying the relative importance of the sources from which related legal knowledge is acquired.

### *Purpose*

The purpose of this study is to identify the most pressing issues facing Army and Air Force JAs and to identify the relative importance of sources from which legal knowledge is acquired in addressing the identified issues.

### Methods and Procedures

The Delphi technique, developed by the RAND Corporation, is an iterative forecasting tool that elicits information and judgments from participants to facilitate problem-solving, planning, and decision-making activities (Dalkey, 1969; Brown, Cochran & Dalkey, 1969; Delbecq, Van de Ven & Gustafson, 1975). The Delphi technique has been utilized many times since its introduction into the field of research. Bowles (1999) states that the method has been used in more than 1,000 published research studies to include over 300 healthcare-related projects. Hasson, Keeney, and McKenna (2000) point out that an essential advantage of the Delphi technique is its ability to gather opinion without the need to bring all respondents together in one location for the exchange of information. United States Army and Air Force healthcare JAs operate in locations that are operationally, as well as geographically, vast. Collecting

information through other means and techniques would have been more difficult and might well have been cost prohibitive.

The main force behind this study was to capture the most important issues facing healthcare JAs and the importance of the sources of knowledge they use to gain the requisite skill, knowledge, and abilities to meet the identified issues and challenges. As Hudak's two-round series of studies demonstrate, the Delphi method is perfectly crafted to identify important issues through the use of a questionnaire. The first-round Delphi questionnaire went beyond the constraints of the usual survey because it queried potential respondents to list what they considered the top five issues or problems that healthcare JA clients will encounter in the next 5 to 10 years and, for each issue or challenge identified, to list what they considered to be the requisite skills, knowledge, or abilities that will be needed to deal with each of the identified issues or challenges. Asking questions of a prospective nature allowed the respondents to come up with issues and challenges that are not pre-selected by another person or group of persons.

Typical Delphi research projects employ four or more sequential rounds of information gathering to collect data. However, Hasson et al. (2000) state that two or three rounds are sufficient. The Hudak (1993, 1994, 1997, & 2000) studies further modified the Delphi technique by the inclusion of an expert panel to summarize responses between two rounds. This modified model has been used in the United States Army-Baylor Graduate Program in Healthcare Administration as well (Meadows, Finsteun & Hudak, 2003) to identify current issues facing pharmacy executives in the healthcare field. Their study conducted a two-round Delphi questionnaire process



separated by a three member expert panel. After first-round responses were collected, an expert panel was assembled to conduct a content analysis of them.

### Respondents

The respondents in the present study were United States Army and United States Air Force healthcare JAs whose clients are healthcare organizations. Both military and civilian lawyers who work in the Department of the Army and Department of the Air Force were included in the study as potential respondents because they directly provide legal counsel to their healthcare clients.

### First Round Delphi Process

During the first round, Army and Air Force healthcare JAs were asked to identify the five most important healthcare issues or challenges that their clients would face in the next 5 to 10 years. Responses were solicited through the use of electronic mail. In addition, information was sought as to the skills, knowledge, and abilities that facilitate mastery of the respondent identified issue. The prospective and open-ended nature of this questioning technique allowed the study to capture responses in current, professional job vernacular for use in the next round.

Assuring the anonymity of the respondents was the primary ethical consideration during the data collection process. Anonymity was maintained by concealing electronic identifiers. Data for round one were collected from the electronic mail responses and imported into a database, which did not capture the electronic identification of respondents. Appendix A contains the first round questionnaire used in this study.

### Expert Panel

After all the first round responses were collected, an expert panel comprised of three attorneys with experience in the practice of healthcare law in the military was assembled. This three member expert panel had over 75 years of experience in the practice of law, with particular emphasis in healthcare law. Individually and collectively, the expert panel classified the issues and challenges collected in the first round into like-item domains. The expert panel evaluated 62 statements and ascertained the most appropriate domain for each. The expert panel members excluded statements that related to obvious challenges to any attorney such as knowledge of the law, research skills, and communication skills. Following lengthy discussions among the panel members, all issues and challenges were placed into the most appropriately named domain-category as agreed by panel members. Also, the expert panel determined the sources of legal knowledge from which JAs could acquire the requisite skills, knowledge, and abilities to meet the identified issues and challenges. The expert panel cited law school, judge advocate school (both Army and Air Force), continuing legal education, personal study, mentoring, and on-the-job training/job experience as sources of knowledge.

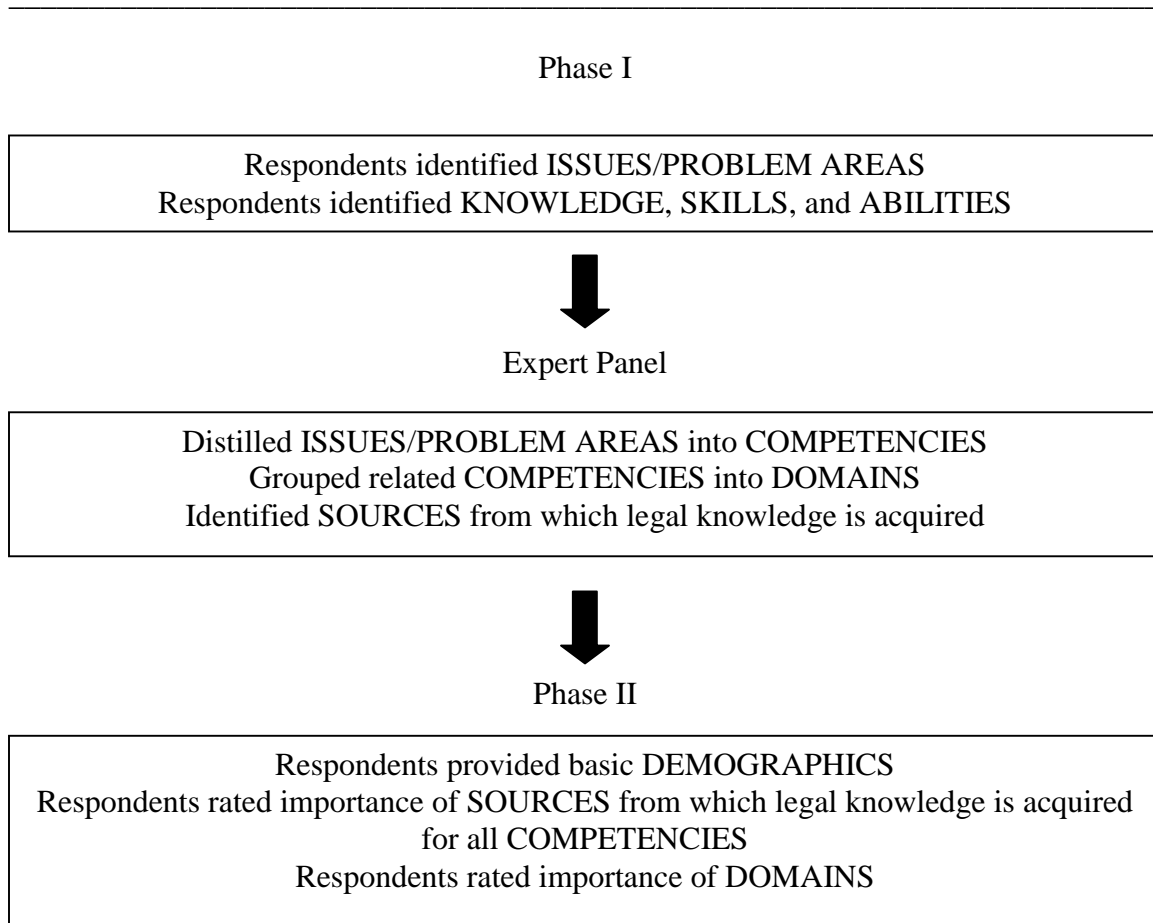
### Second Round Delphi Process

The research solicited responses for the second round of the Delphi study through the use of electronic mail. As with the first round of this study, respondents' anonymity was maintained throughout the process by assigning a sequential number to the completed questionnaire. Once this was accomplished, all electronic records of the transmission were deleted. Respondents were provided feedback with results from the first round and the results from the expert panel. The second round of the Delphi process

consisted of a structured questionnaire developed from the findings of the expert panel. The expert panel took care to name the domains in the vernacular of the respondents, so that the respondents would understand the thought processes. During this round, the respondents were asked to provide demographic information such as age, gender, branch of service, job title/position, and educational background. The respondents were also asked to rate the relative importance of the sources of legal knowledge contained within the six identified domains and to rate the relative importance of each of the six identified domains. The seven-point bipolar rating scale was anchored at the extremes with 1 = unimportant and 7 = extremely important. Descriptive statistics and rating reliabilities were computed for each domain item, as well as the domains themselves.

#### Reliability and Validity

Research studies that base their findings on questionnaires must address issues of reliability and validity (Meadows, Finsteun & Hudak, 2003). This study addressed inter-rater reliability using analysis of variance and an F test to determine Chronbach's coefficient alpha. It addressed content validity through the use of an expert panel consisting of three licensed attorneys with extensive experience in the practice of healthcare law. The three members of the panel did not serve as respondents during either round of this study. This study achieved construct validity through the use of data gathering methods, techniques, procedures, and analyses utilized in other published studies (2003).



*Figure 1. Modified Delphi study process: JA Delphi study process with interposition of an expert panel content analysis between questionnaire phases.*

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## Results

### Delphi Phase One – Issues

In phase one of the study, 13 of 27 participants responded for a response rate of 48.2%. This is an adequate response rate based on previous studies reported in the literature (Meadows, Finsteun & Hudak, 2003). From all the responses received, 62 total issues and challenges were identified. The study results were tabulated and put into a booklet that the expert panel used to begin the process of sorting the phase one data.

### Content Analysis of Issues – Domains

A three-member expert panel reviewed 62 issues generated by the phase one Delphi questionnaire and categorized these issues into six relevant domains. The domain names chosen by the panel were as follows: (1) contracting, (2) quality management, (3) compliance, (4) human resource, (5) financial management, and (6) medical ethics. This expert panel also ascertained sources of legal knowledge. The sources chosen by the expert panel were as follows: (1) law school, (2) Judge Advocate School (either Army or Air Force), (3) continuing legal education, (4) personal study, (5) mentoring, and (6) on-the-job training/job experience. Domains were subsequently rank-ordered based on the reported frequencies as shown in Table 1.

Table 1.

*Reported Frequencies of Important Issues/Problem Areas within the Six Identified Domains*

Domain	Frequency <sup>a</sup>	%
<b>1. Contracting</b>	<b>14</b>	<b>22.6</b>
TRICARE Next Contract	5	
Educational Agreements	3	
Resource Sharing Agreements	2	
Technology Transfer Agreements	2	
Other Sharing Agreements	2	
<b>2. Quality Management</b>	<b>14</b>	<b>22.6</b>
Medical Malpractice Defense	9	
Quality Programs	2	
Adverse Actions Process	2	
Utilization Management Review	1	
<b>3. Compliance</b>	<b>13</b>	<b>21.1</b>
Proper Release of Personal Health Information	11	
Joint Ethics Regulation Compliance	2	
<b>4. Human Resource</b>	<b>11</b>	<b>17.5</b>
Availability of Qualified Personnel	5	
Graduate Medical Education Programs	3	
Deployment Related Issues	2	
Complexity of Information Systems	1	
<b>5. Medical Ethics</b>	<b>5</b>	<b>8.1</b>
Bioethics	3	
Medical Research	2	
<b>6. Financial Management</b>	<b>5</b>	<b>8.1</b>
Execution of Third Party Collections Contracts	3	
Uniform Business Office Operations	2	
<b>Total Competencies</b>	<b>62</b>	<b>100.0</b>

<sup>a</sup>Frequencies are the number of times a like-item issues was listed by respondents in the first round of the Delphi study

### Delphi Phase Two – Rating of Knowledge Sources

In the second and final round of the Delphi process, 50% of the respondents completed the e-mail questionnaire (16 of 32 respondents). This is an adequate response rate based on other studies in the literature (Meadows, Finsteun & Hudak, 2003). The total number of respondents in the second round was greater than in the first round, perhaps due to uncontrollable factors such as military operations, permanent change of stations (personnel moving among military installations and into health law positions),

and individuals moving into positions that have been vacant due to retirements. The second round of the Delphi process also collected demographic information from the respondents. Table 2, *infra*, contains a summary of respondent demographics. All respondents were lawyers with at least a doctor of jurisprudence degree (J.D.), and admitted to the practice of law in a state, the District of Columbia, or territory of the United States. This group of respondents possessed an average of over 10 years of legal experience and over 9 years of military legal experience. Over 62% serve as medical law consultants, while 25% serve as center judge advocates for medical organizations. Nearly one-third of the respondents had attained a master of laws degree, which is a post-doctoral law degree focusing on a certain area of the law such as military law, criminal law, tax law, comparative law, or health law.

Table 2.

*Demographics of United States Army and Air Force Judge Advocates*

Variable	Mean	S.D.	No.*	%
<b>Experience</b>				
Age	36.56	5.62		
Years in Military	9.75	4.75		
Years in Law	10.56	5.23		
<b>Gender</b>				
Male			13	81.3
Female			3	18.7
<b>Branch of Service</b>				
Air Force			11	68.8
Army			5	31.2
<b>Job Title/Position</b>				
Medical Law Consultant			10	62.4
Center Judge Advocate			4	25.0
Medical Law Attorney			1	6.3
Command Judge Advocate			1	6.3
<b>Education</b>				
Juris Doctor			16	100.0
Bachelor of Arts			10	62.5
Bachelor of Science			6	37.5
LLM			5	31.2
Other Graduate Degree			0	0.0

\*Number of participants who responded to variable

Inter-item reliability was determined for each domain using an analysis of variance and an F test to determine Cronbach's coefficient of  $\alpha$  (value set at .70 or greater). The results are reported in Table 3, *infra*. This reliability was conducted to determine the degree of agreement within the domains regarding particular domain issues or problem areas. The reported  $\alpha$  coefficients for domain issues or problem areas ranged from .42 to .94. Five of the six  $\alpha$  coefficient findings exceeded the acceptance standard of .70. The first domain (i.e., compliance) had an  $\alpha$  of <.70. This can be attributed to use of a questionnaire based on findings from an expert panel, as well as having a small number of items upon which to conduct the analysis and having a small number of respondents. However, given the totality of the data, these results indicate a substantial level of accord



among Army and Air Force JAs concerning identified issues or problem areas within five of the six domains.

Table 3.  
*Inter-Item Reliability Utilizing Cronbach's Alpha Coefficient*

	No. of Items	Alpha	F Value
<b>Domain</b>			
Compliance	14	.43	19.50
Contracting	42	.92	16.49
Quality Management	28	.89	32.90
Medical Ethics	14	.79	48.28
Financial Management	14	.91	10.24
Human Resource	28	.93	17.13

Respondents were asked to rate the overall importance of the domains as identified by the experts. The ratings of importance are found in Table 4, *infra*. The respondents identified the domain of compliance as the most important, closely followed by those of medical ethics and quality management. The contracting, human resource, and financial management domains completed the list. The respondents rated all the identified domains as at least somewhat important. However, there was a tighter fit around the second rated domain of medical ethics than that of the highest rated domain of compliance. Coincidentally, the highest rated domain of compliance contained the largest spread of ratings from the respondents. In addition, the domain of quality management, rated third, contained the second largest spread of ratings.

Table 4.  
*Descriptive Statistics for Importance Ratings of Domains*

	Mean	S.D.
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**Identified Domain Importance**

1. Compliance	5.50	1.75
2. Medical Ethics	5.19	0.83
3. Quality Management	5.13	1.63
4. Contracting	4.56	1.50
5. Human Resources	4.56	0.89
6. Financial Management	4.31	1.14

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Importance rating based on a 7-point bipolar rating scale (1=unimportant, 7=important)

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Descriptive statistics for the five most highly rated issues of importance are provided in Table 5, *infra*. It is interesting to note that both of the issues under the compliance domain were rated among the five most important issues from among all issues and all domains. Two of the five issues from the quality management domain were also among the five most important issues. None of the issues identified as among the top five in importance was from the financial management, human resource, or contracting domains.

Table 5.  
*Descriptive Statistics for the 5 Most Highly Important Issues Rated*

	Domain	Mean	S.D.
Identified Issue Description			
1. Proper Release of Personal Health Information	Compliance	6.75	0.45
2. Medical Malpractice Defense	Quality Management	6.50	0.89
3. Adverse Actions Process	Quality Management	6.19	0.91
4. Medical Research	Medical Ethics	6.06	0.77
5. Joint Ethics Regulation	Compliance	5.88	1.59
5. Quality Programs	Quality Management	5.88	0.96
Importance rating based on a 7-point bipolar rating scale (1=unimportant, 7=important)			

Table 6, *infra*, contains the descriptive statistics for the five issues identified by the respondents as least important. Conversely, domains not represented by any of the five most important issues ratings appear in Table 6. Respondents identified both of the issues or problem areas within the financial management domain (uniform business office operations and execution of third party collections contracts) as among the least

important issues. Unfortunately, these two issues, along with utilization management review, center on the collection and disbursement of funds for medical operations.

Financial management issues have not always been emphasized in the military healthcare environment; however, with the advent of the execution of the new generation of TRICARE contracts (TNext) and the new fiscal scheme of revised financing, the collection and disbursement of funds will be areas of critical importance. Military healthcare leaders will bear the consequences of the financial viability management of their organizations. It will be vital for medical leaders to identify problems in these areas and receive timely and salient advice regarding financial management issues.

Table 6.

*Descriptive Statistics for the 5 Issues Rated Least Important*

	Domain	Mean	S.D.
<b>Identified Issue Description</b>			
16. Execution of Third Party Collections Contracts	Financial Management	3.81	1.52
17. Complexity of Information Systems	Human Resource	3.75	1.69
18. Utilization Management Review	Quality Management	3.69	1.70
19. Uniform Business Office Operations	Financial Management	3.44	1.50
20. Enhanced Use Leasing	Contracting	3.00	1.59

Importance rating based on a 7-point bipolar rating scale (1=unimportant, 7=important)

The descriptive statistics for the sources from which legal knowledge is acquired are contained in Appendix C. The descriptive statistics for the 20 most highly rated sources from which legal knowledge are acquired is shown in Table 7, *infra*. Not surprisingly, Table 7 demonstrates why many refer to law as the “practice” of law. The 20 most highly rated sources were either experience/on-the-job training, personal study, or mentoring. These sources can be categorized as informal methods of gaining knowledge and obviously play an enormous role in helping United States Army and Air

Force JAs hone skills and gain the additional knowledge they need to meet critical challenges.

Table 7.

*Descriptive Statistics for 20 Most Highly Rated Sources from which Legal Knowledge is Acquired*

Source Description	Issue	Domain	Mean	S.D.
1. Experience/On-the-Job Training	Adverse Actions Process	Quality Management	6.69	0.70
2. Experience/On-the-Job Training	Proper Release of Personal Health Information	Compliance	6.63	0.62
3. Experience/On-the-Job Training	Medical Malpractice Defense	Quality Management	6.56	0.51
4. Experience/On-the-Job Training	Quality Programs	Quality Management	6.44	0.73
5. Experience/On-the-Job Training	Medical Research	Medical Ethics	6.44	0.51
6. Experience/On-the-Job Training	Joint Ethics Regulation	Compliance	6.38	0.62
7. Experience/On-the-Job Training	Bioethics	Medical Ethics	6.31	0.79
8. Experience/On-the-Job Training	Educational Agreements	Contracting	6.19	1.47
9. Experience/On-the-Job Training	Resource Sharing Agreements	Contracting	6.19	1.52
10. Personal Study	Proper Release of Personal Health Information	Compliance	6.19	0.75
11. Personal Study	Medical Malpractice Defense	Quality Management	6.00	0.89
12. Personal Study	Joint Ethics Regulation	Compliance	5.88	0.72
13. Personal Study	Bioethics	Medical Ethics	5.88	0.89
14. Experience/On-the-Job Training	TRICARE Next Contract	Contracting	5.75	1.92
15. Experience/On-the-Job Training	Deployment Related Issues	Human Resource	5.69	1.54
16. Mentoring	Adverse Actions Process	Quality Management	5.69	1.49
17. Mentoring	Bioethics	Medical Ethics	5.69	0.79
18. Personal Study	Adverse Actions Process	Quality Management	5.69	1.54
19. Personal Study	Medical Research	Medical Ethics	5.69	1.08
20. Mentoring	Medical Malpractice Defense	Quality Management	5.63	1.02

Importance rating based on a 7-point bipolar rating scale (1=unimportant, 7=important)

Table 8, infra, shows the descriptive statistics for the 20 lowest ranked sources for acquisition of legal knowledge. The 20 lowest rated sources were either law school or judge advocate school. These sources can be characterized as formal sources of legal knowledge. It is interesting to note, comparing Tables 7 and 8, that the respondents rated informal sources of legal knowledge as more essential than the formal sources.

Table 8.

*Descriptive Statistics for 20 lowest Rated Sources from which Legal Knowledge is Acquired*

Source Description	Issue	Domain	Mean	S.D.
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101. Law School	Graduate Medical Education Programs	Human Resource	1.75	1.13
102. Judge Advocate School	Enhanced Use Leasing	Contracting	1.69	1.01
103. Law School	Other Sharing Agreements	Contracting	1.69	0.95
104. Judge Advocate School	Medical Research	Medical Ethics	1.69	0.95
105. Law School	Adverse Actions Process	Quality Management	1.69	0.87
106. Law School	Execution of Third Party Collections Contracts	Financial Management	1.69	1.08
107. Law School	Enhanced Use Leasing	Contracting	1.63	1.09
108. Judge Advocate School	Bioethics	Medical Ethics	1.63	0.89
109. Law School	Quality Programs	Quality Management	1.63	0.89
110. Judge Advocate School	Utilization Management Review	Quality Management	1.56	0.89
111. Judge Advocate School	Graduate Medical Education Programs	Human Resource	1.56	0.89
112. Judge Advocate School	Complexity of Information Systems	Human Resource	1.56	0.73
113. Law School	Bioethics	Medical Ethics	1.56	0.81
114. Law School	Uniform Business Office Operations	Financial Management	1.56	0.96
115. Law School	Deployment Related Issues	Human Resource	1.56	1.09
116. Judge Advocate School	Technology Transfer Agreements	Contracting	1.56	0.89
117. Law School	Resource Sharing Agreements	Contracting	1.56	0.73
118. Law School	Technology Transfer Agreements	Contracting	1.56	0.96
119. Law School	Complexity of Information Systems	Human Resource	1.44	0.73
120. Law School	Utilization Management Review	Quality Management	1.38	0.62

Importance rating based on a 7-point bipolar rating scale (1=unimportant, 7=important)

## Discussion

Identifying the importance of the issue or more specific problem areas within the domains is a vital step in ascertaining the challenges that lay ahead for military healthcare JAs and their clients. Through the identification of issues, leadership in military healthcare and military law can establish training programs to help their respective members meet those challenges. Identifying the importance of these issues and problem areas is also a first step for Army and Air Force healthcare JAs to assess their own skills and plot a course for improvement.

The respondents identified each domain as at least somewhat important (Table 4), and they identified the domain of compliance as the most important among the six. This no doubt reflects, at least in part, the challenges posed by the intricate requirements of the

Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191) (HIPAA), the Joint Ethics Regulation (DoD 5500.7-R) (JER), and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) certification process.

The Department of Health and Human Services promulgates administrative regulations to ensure compliance with HIPAA. These administrative regulations are cumbersome and complex. Army and Air Force healthcare JAs must be able to dispense timely and correct advice to their military clients to ensure HIPAA compliance. The JER is an extensive regulation applicable to the entire DoD that serves as a source of standards for ethical conduct and ethical guidance. The JER covers areas such as financial and employment disclosure systems, political activities, conflicts of interest, activities with non-federal entities, post-employment rules, enforcement and training (DoD 5500.7-R, §1-100). Military medical organizations continue to forge relationships with their civilian counterparts to ensure that MTF patients receive proper and timely treatment. As these relationships grow more extensive and complex, military medical organizations need timely and cogent legal advice to ensure these relationships remain legal and viable. The Joint Commission is a quality oversight body for health care organizations in the United States (JCAHO, 2004). It evaluates and accredits more than 16,000 health care organizations, both civilian and military, in the United States. To earn and maintain accreditation, an organization must undergo an on-site inspection by a JCAHO inspection team at least once every three years. The Joint Commission's standards address an organization's level of performance in key functional areas, such as patient rights, patient treatment, and environment of care. The standards focus not simply on an organization's ability to provide safe, high quality care, but on its actual

performance as well. The standards set forth performance expectations for activities that affect the safety and quality of patient care. If an organization does the right things and does them well, there is a strong likelihood that its patients will experience good outcomes (JCAHO, 2004). Dire consequences may result from a military healthcare organization not receiving JCAHO accreditation. In sum, the respondents recognize the compliance issues as important to their healthcare clients; hence, they identified the compliance domain as important.

It is interesting that the domain rated of lowest importance was financial management (Table 4, *supra*). In addition, both of the issues under the financial management domain were rated among the five least important issues among those of all domains. This is a probably a reflection of the military healthcare system's relative inexperience in dealing with civilian healthcare financial and indemnity insurance mechanisms. However, as the MHS moves into the next generation of managed care contracts, grapples with the new financial framework of revised financing, and comes to grips with new entitlement programs such as TRICARE for Life, military medical organizations will increasingly rely on healthcare JAs to help them navigate these treacherous waters.

The most compelling finding of this study may well be the ratings regarding the importance of sources from which legal knowledge is acquired (Tables 7 and 8, *supra*). The respondents rely heavily upon informal methods of acquiring legal knowledge (experience/on-the-job training, personal study and mentoring) to gain the necessary skills to meet the needs of their clients. In fact, 50 of the 60 highest ratings for sources of acquiring legal knowledge were attributed to experience/on-the-job training, personal

study, and mentoring. These ratings cut across all domains with roughly equal frequency. This demonstrates that military healthcare JAs take it upon themselves to sharpen already learned skills and acquire new proficiencies to meet the demands of their clients. Also, many skills are simply learned by doing the actual function.

Formal methods of acquiring legal knowledge (law school, judge advocate school, and continuing legal education) play a less prominent role for Army and Air Force healthcare JAs in acquiring the necessary skills to meet the needs of their clients. In point of fact, of the 50 lowest legal knowledge acquisition ratings, all but three were from formal sources of acquiring legal knowledge. These low ratings cut across all domains with roughly equal frequency and these finding seem to suggest validity to the old adage that the most prominent formal source of legal education, law school, is not a trade school.

#### Limitations

The use of e-mail notifications may have had an effect on the response rate during both rounds of the Delphi process. The study relied on a particular military service point of contact for the proper electronic mail addresses for potential respondents. A potential respondent, because of leave, deployment, the continuing permanent-change-of-station cycle, or retirement, may not have received one or both of the instruments. The short period of time within which to fill out the instrument and send it back to the researchers may have also affected the response rate during one or both rounds of the Delphi process.

#### Conclusions and Recommendations

This study establishes a prioritized list of domains rank-ordered by importance for Army and Air Force healthcare JAs (Table C-10, *infra*). It also established a prioritized



list of issues rank-ordered by importance within the identified domains (Table C-11, *infra*). This study also established a prioritized list of sources from which legal knowledge is acquired (Table C-12, *infra*). It demonstrated that fundamental issues such as proper release of healthcare information and compliance with the Joint Ethics Regulation continue to be at the fore of challenges facing the military healthcare JA. However, other issues such as those identified within the financial management domain could, and may well, grow in importance as the MHS mirrors its civilian counterparts' emphasis on financial viability.

This study may be of use to senior JA leaders for evaluation of training programs, personnel placement, and career development. Perhaps specialized training programs could be developed that center on certain issues and domains. This study establishes the benchmark of current issues and problem areas facing Army and Air Force JAs and identifies the relative importance of sources from which legal knowledge is acquired to address the identified issues. This study may also aid current healthcare JAs in self-evaluation of their skill development. Also, prospective healthcare JAs can learn what the current issues are and where the skills necessary to meet those challenges can be acquired.

### Disclaimer

The conclusions and views presented in this study are the opinion of the researcher and do not reflect the opinions, policies, positions or judgments of the United States Army, the United States Air Force, or the Department of Defense, or the United States Government.

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**Appendix A – Initial E-Mail Solicitation and First Round Delphi Instrument**

7 January 2004

MEMORANDUM FOR ARMY AND AIR FORCE HEALTHCARE JAs

FROM: Captain Vito S. Smyth

SUBJECT: Raising the Bar: A Collection of Skills, Knowledge and Abilities for Healthcare Judge Advocates – Initiation of Phase I

1. Because of your unique position as a healthcare Judge Advocate (JA) in the United States Army and the United States Air Force, you have been invited as a participant in an exciting and innovative research study. The research tentatively entitled “Raising the Bar: A Collection of Skills, Knowledge and Abilities for Healthcare Judge Advocates” will seek to identify the most critical issues and describe the job skill, knowledge, and ability requirements facing United States Army and Air Force JAs in the next five to ten years.
2. The form of this project, the Delphi technique, has been used by researchers throughout the service medical departments to study executive skills, a subject of particular interest since the advent of the Department of Defense Medical Executive Skills Development Program in 1996. Many of these studies have involved healthcare administrators; others have involved pharmacists, dentists, physicians, and physical therapists in the military healthcare system. Because I am an attorney and was in private practice before entering the Air Force Medical Service Corps, I am interested in looking at the areas deemed of particular importance to military attorneys working with military medicine.
3. I believe this study will identify critical issues facing and challenging military attorneys primarily or significantly involved with the military healthcare system. What it shows to be the knowledge, skills, and abilities primarily identified with those issues or areas of importance may well affect training and mentoring of health law judge advocates. The results will be provided to Medical Command, the Air Force Medical Service, and to each of the participants and may be submitted for publication.
4. Please take a few minutes to read the enclosed material before beginning to participate in the study. Attachment 1 discusses the objectives and methodology of the study. Attachment 2 is the actual Delphi study instrument. Please note that this is not a survey. Confidentiality of responses will be strictly maintained throughout the study.
5. I appreciate your participation and thank you in advance for sharing your insight for this important research. If there are any questions or if you need further clarification or

assistance, please contact me at (210) 820-3500, extension 15, [resident2@gsahc.org](mailto:resident2@gsahc.org) or [vito@smyth.com](mailto:vito@smyth.com).

VITO S. SMYTH, Capt, USAF, MSC, JD, CHE  
Administrative Resident, Greater San Antonio Hospital Council  
U.S. Army-Baylor University Graduate Program in  
Healthcare Administration

Attachments (2)

- Delphi Study Objective and Methodology
- Delphi Study Instrument

## Attachment 1

**Raising the Bar Information Paper****Background Information**

The role of the healthcare judge advocate is rapidly changing in response to the ever-shifting landscape of the healthcare environment. Personnel shortages, increase operations tempo, and the complex environment of healthcare will continue to affect the future practice of healthcare JAs. To meet these challenges, healthcare JAs must constantly hone acquired skills and develop new ones to ensure that they provide their clients with the right advice at the right time.

**Objectives**

This Delphi method project, conducted in conjunction with the U.S. Army-Baylor University Graduate Program in Healthcare Administration, is being conducted to identify major future healthcare legal issues facing the healthcare JA client over the next five to ten years. This research will further describe the skill, knowledge, and ability requirements that current experts expect will be required to be successful in a highly technical and rapidly changing environment.

**Expert Respondents**

Healthcare JAs in the Army and Air Force serving in and/or selected for promotion in the grades of O-3 to O-6 were selected as study participants. Collectively, this group represents officers with significant legal and operational experience as well as demonstrated record of excellence in a variety of roles.



### How long will it take?

It will take approximately 45-60 minutes of total time, over a one to two month period to respond to two questionnaires. The first iteration will request short answers to a specific question that is posed. The final iteration will require respondents to complete a questionnaire providing numeric ratings of items. At each round, responses should be returned to the investigator within two weeks to remain on schedule.

### Methods

This is not a survey! This study employs the Delphi Method to collect and describe the opinions of expert respondents. The RAND Corporation initially developed it as a means of effectively and efficiently gaining expert group judgments. Respondents are not required to travel or complete any advanced reading. It has three features:

1. Expert opinion is gained through the use of an anonymous questionnaire;
2. Interaction among respondents is accomplished at each round by synthesizing all responses, informing each respondent of the group's current position, and redistributing the questionnaire results for further consideration; and
3. The group generally achieves a consensus after two rounds.

### Individual Utility of Results

Through their participation, experts will play a vital role in the determination of new directions for Army and DoD healthcare JAs. Experts should find it an interesting forecast into the future and an opportunity to respond to the collective ideas of the panel.

At the completion of the study, each participant will receive a summary report of the results.

How will the results be used?

Compiled results from this study may be used in several ways:

1. Knowledge of these results will better prepare current healthcare JAs in their task of mentoring junior healthcare JAs;
2. Future healthcare JA leaders may identify their personal strength and challenge areas in order to plan for their own self-improvement;
3. Military education and training courses can be modified to more fully address the requisite skills, knowledge and abilities required by future healthcare JAs;
4. Using these findings, comparisons can be made between healthcare JAs and those reported by other professions; and
5. The results will be submitted for publication.

If you are interested in other research in this area, note that in your first round response and a bibliography will be sent to you.

## Attachment 2

**Instructions**

**First** – Specifically, list what you personally consider the TOP FIVE issues or problems that healthcare JA clients will encounter in the next five to ten years. Define the issues or challenges as clearly as possible, making sure to avoid generalized or categorical terms.

**Second** – For each identified issue or challenge, list what you consider to be the requisite skills, knowledge, or abilities that will be needed to deal with each of the issue or challenge.

**Finally** – Return your responses to one of the following e-mail addresses:

[vito@smyth.com](mailto:vito@smyth.com) or [resident2@gsahc.org](mailto:resident2@gsahc.org)

Healthcare JA Client Issue or Challenge	Skills, Knowledge or Abilities
Example: HIPAA Compliance	Interpersonal relations, communications, knowledge of administrative law, understanding of information workflow
1.	
2.	
3.	
4.	
5.	

**Thank you for your time and cooperation!**

## Appendix B – E-Mail Solicitation and Second Round Delphi Instrument

17 March 2004

MEMORANDUM FOR ARMY AND AIR FORCE HEALTHCARE JAs

FROM: Captain Vito S. Smyth

SUBJECT: *Raising the Bar: Meeting Healthcare Law Contemporary Challenges for Healthcare Judge Advocates in the United States Army and Air Force* – Initiation of Phase II

1. Because of your unique position as a healthcare Judge Advocate (JA) in the United States Army, you have been invited as a participant in an exciting and innovative research study. The research tentatively entitled *Raising the Bar: Meeting Healthcare Law Contemporary Challenges for Healthcare Judge Advocates in the United States Army and Air Force* will seek to identify the most critical issues facing United States Army and Air Force Judge Advocates in the next five to ten years, rate the importance of those issues, and describe the relative importance of different sources of legal knowledge. In other words, you will be conveying how important a particular source of knowledge was in helping you acquire the requisite information to properly address the challenges presented by a specific issue contained within a domain. For example, you will be rating how important the issues of Proper Release of Personal Health Information and Joint Ethics Regulation are under the Compliance Issues Domain. In addition, you will rate how important law school, Judge Advocate School, continuing legal education, personal study, mentoring and experience were in helping you gain the knowledge to properly counsel clients in regards to the issues of Proper Release of Personal Health Information and Joint Ethics Regulation. You will repeat this process for the other five domains and their concomitant issues as well.

2. This study uses the Delphi Method. The Delphi Method is an effective means of assessing the judgments of a group of experts. Phase I of the study was sent out in January and the response rate was 46%. An expert panel (COL Philip Savoie, Dr. Karin Zucker, and Mr. Martin Boyle, Esq.) then analyzed and categorized all responses. Phase II of the study gives respondents the opportunity to rate competency items that were generated from Phase I. Despite its length, it will take you only approximately 10-15 minutes to complete the survey. Please be assured that the confidentiality of your responses will be strictly maintained throughout the study.

3. Return options for the Phase II instrument are as follows:

a. Electronic Mail

[resident2@gsahc.org](mailto:resident2@gsahc.org) or [vito@smyth.com](mailto:vito@smyth.com).

b. Regular Mail

Capt Vito S. Smyth  
The Greater San Antonio Hospital Council  
8610 N. New Braunfels, Suite 105  
San Antonio TX 78217-6370

c. Fax

Commercial (210) 820-3888  
Use cover sheet – attention Capt Vito S. Smyth  
Notify of transmission via e-mail or phone

4. Please return your responses via any of the above options by **NLT 5 April 2004**. Once I compile all the responses, I will share the results with you. Thank you so much for your assistance in making this study a success!

VITO S. SMYTH, Capt, USAF, MSC, CHE, JD  
Administrative Resident, Greater San Antonio Hospital Council  
U.S. Army-Baylor University Graduate Program in  
Healthcare Administration

## **Raising the Bar Information Paper**

### **Phase II Questionnaire**

Please take a minute to complete the following items. Fill in the blanks or mark as appropriate. Thank you!
<b>Demographics:</b> Age: ____ years      Gender: ____ Male ____ Female      Service: ____ Army ____ Air Force  Job Title/Position:
<b>Education:</b> Undergraduate:  <div style="text-align: center;">Institution Attended:</div>  Law School:  <div style="text-align: center;">Institution Attended:</div>  LL.M.:  <div style="text-align: center;">Institution Attended:</div>  Other Graduate Education:  <div style="text-align: center;">Institution Attended:</div>
<b>Experience:</b> Experience as an attorney: ____ years  Experience as an attorney with the military/government: ____ years
<p style="text-align: center;">***Use this space for any additional comments you may want to share***</p>

**1. Compliance Issues Domain**

<u>Compliance Issues from Phase I</u> (Frequency that issue was raised during Phase I is shown in parenthesis)	
Proper Release of Personal Health Information (HIPAA, Privacy Act, FOIA issues) (11)	
Joint Ethics Regulation (2)	

**Compliance Issues Rating Scale**

Directions – Please rate the entire following Compliance Issues identified in this study according to importance. Indicate your answers by marking, bolding or highlighting the appropriate number.								
	Unimportant			---	Extremely Important			
1. Proper Release of Personal Health Information	1	2	3	4	5	6	7	
2. Joint Ethics Regulation	1	2	3	4	5	6	7	

**Source of Knowledge Acquisition Rating Scale – Release of Personal Health Information**

Directions – Please rate the entire following sources of information according to the importance in helping you acquire the requisite information to properly address the challenges presented by the Proper Release of PHI. Indicate your answers by marking, bolding or highlighting the appropriate number.								
	Unimportant			---	Extremely Important			
1. Law School	1	2	3	4	5	6	7	
2. Judge Advocate School	1	2	3	4	5	6	7	
3. Continuing Legal Education (CLE)	1	2	3	4	5	6	7	
4. Personal Study	1	2	3	4	5	6	7	
5. Mentoring	1	2	3	4	5	6	7	
6. Experience/On-the-Job Training (OJT)	1	2	3	4	5	6	7	

**Source of Knowledge Acquisition Rating Scale – Joint Ethics Regulation Compliance**

Directions – Please rate the entire following sources of information according to the importance in helping you acquire the requisite information to properly address the challenges presented by Joint Ethics Regulation compliance. Indicate your answers by marking, bolding or highlighting the appropriate number.								
	Unimportant			---	Extremely Important			
1. Law School	1	2	3	4	5	6	7	
2. Judge Advocate School	1	2	3	4	5	6	7	
3. Continuing Legal Education (CLE)	1	2	3	4	5	6	7	
4. Personal Study	1	2	3	4	5	6	7	
5. Mentoring	1	2	3	4	5	6	7	
6. Experience/On-the-Job Training (OJT)	1	2	3	4	5	6	7	



## 2. Contracting Issues Domain

<u>Contracting Issues from Phase I</u> (Frequency that issue was raised during Phase I is shown in parenthesis)	
TNext Contract (5)	Enhanced Use Leasing (1)
Educational Agreements (2)	
Resource Sharing Agreements (2)	
Technology Transfer Agreements (2)	
Other Sharing Agreements (2)	

### Contracting Issues Rating Scale

Directions – Please rate the entire following Contracting Issues identified in this study according to importance. Indicate your answers by marking, bolding or highlighting the appropriate number.								
	Unimportant			---	Extremely Important			
1. TNext Contract	1	2	3	4	5	6	7	
2. Educational Agreements	1	2	3	4	5	6	7	
3. Resource Sharing Agreements	1	2	3	4	5	6	7	
4. Technology Transfer Agreements	1	2	3	4	5	6	7	
5. Other Sharing Agreements	1	2	3	4	5	6	7	
6. Enhanced Use Leasing	1	2	3	4	5	6	7	

**Source of Knowledge Acquisition Rating Scale – TNext Contract Agreements**

Directions – Please rate the entire following sources of information according to the importance in helping you acquire the requisite information to properly address the challenges presented by TNext Contract Agreements. Indicate your answers by marking, bolding or highlighting the appropriate number.								
	Unimportant			---	Extremely Important			
1. Law School	1	2	3	4	5	6	7	
2. Judge Advocate School	1	2	3	4	5	6	7	
3. Continuing Legal Education (CLE)	1	2	3	4	5	6	7	
4. Personal Study	1	2	3	4	5	6	7	
5. Mentoring	1	2	3	4	5	6	7	
6. Experience/On-the-Job Training (OJT)	1	2	3	4	5	6	7	

**Source of Knowledge Acquisition Rating Scale – Educational Agreements**

Directions – Please rate the entire following sources of information according to the importance in helping you acquire the requisite information to properly address the challenges presented by Educational Agreements. Indicate your answers by marking, bolding or highlighting the appropriate number.								
	Unimportant			---	Extremely Important			
1. Law School	1	2	3	4	5	6	7	
2. Judge Advocate School	1	2	3	4	5	6	7	
3. Continuing Legal Education (CLE)	1	2	3	4	5	6	7	
4. Personal Study	1	2	3	4	5	6	7	
5. Mentoring	1	2	3	4	5	6	7	
6. Experience/On-the-Job Training (OJT)	1	2	3	4	5	6	7	

**Source of Knowledge Acquisition Rating Scale – Resource Sharing Agreements**

Directions – Please rate the entire following sources of information according to the importance in helping you acquire the requisite information to properly address the challenges presented by Resource Sharing Agreements. Indicate your answers by marking, bolding or highlighting the appropriate number.								
	Unimportant			---	Extremely Important			
1. Law School	1	2	3	4	5	6	7	
2. Judge Advocate School	1	2	3	4	5	6	7	
3. Continuing Legal Education (CLE)	1	2	3	4	5	6	7	
4. Personal Study	1	2	3	4	5	6	7	
5. Mentoring	1	2	3	4	5	6	7	
6. Experience/On-the-Job Training (OJT)	1	2	3	4	5	6	7	

**Source of Knowledge Acquisition Rating Scale – Technology Transfer Agreements**

Directions – Please rate the entire following sources of information according to the importance in helping you acquire the requisite information to properly address the challenges presented by Technology Transfer Agreements. Indicate your answers by marking, bolding or highlighting the appropriate number.								
	Unimportant			---	Extremely Important			
1. Law School	1	2	3	4	5	6	7	
2. Judge Advocate School	1	2	3	4	5	6	7	
3. Continuing Legal Education (CLE)	1	2	3	4	5	6	7	
4. Personal Study	1	2	3	4	5	6	7	
5. Mentoring	1	2	3	4	5	6	7	
6. Experience/On-the-Job Training (OJT)	1	2	3	4	5	6	7	

**Source of Knowledge Acquisition Rating Scale – Other Sharing Agreements**

Directions – Please rate the entire following sources of information according to the importance in helping you acquire the requisite information to properly address the challenges presented by Other Sharing Agreements. Indicate your answers by marking, bolding or highlighting the appropriate number.								
	Unimportant			---	Extremely Important			
1. Law School	1	2	3	4	5	6	7	
2. Judge Advocate School	1	2	3	4	5	6	7	
3. Continuing Legal Education (CLE)	1	2	3	4	5	6	7	
4. Personal Study	1	2	3	4	5	6	7	
5. Mentoring	1	2	3	4	5	6	7	
6. Experience/On-the-Job Training (OJT)	1	2	3	4	5	6	7	

**Source of Knowledge Acquisition Rating Scale – Enhance Use Leasing Agreements**

Directions – Please rate the entire following sources of information according to the importance in helping you acquire the requisite information to properly address the challenges presented by Enhanced Use Leasing Agreements. Indicate your answers by marking, bolding or highlighting the appropriate number.								
	Unimportant			---	Extremely Important			
1. Law School	1	2	3	4	5	6	7	
2. Judge Advocate School	1	2	3	4	5	6	7	
3. Continuing Legal Education (CLE)	1	2	3	4	5	6	7	
4. Personal Study	1	2	3	4	5	6	7	
5. Mentoring	1	2	3	4	5	6	7	
6. Experience/On-the-Job Training (OJT)	1	2	3	4	5	6	7	

### 3. *Quality Management Issues Domain*

<u>Quality Management Issues from Phase I</u> (Frequency that issue was raised during Phase I is shown in parenthesis)	
Medical Malpractice Defense	(9)
Quality Programs	(2)
Adverse Actions Process	(2)
Utilization Management Review	(1)

### *Quality Management Issues Rating Scale*

Directions – Please rate the entire following Quality Management Issues identified in this study according to importance. Indicate your answers by marking, bolding or highlighting the appropriate number.								
	Unimportant			---	Extremely Important			
1. Medical Malpractice Defense	1	2	3	4	5	6	7	
2. Quality Programs	1	2	3	4	5	6	7	
3. Adverse Actions Process	1	2	3	4	5	6	7	
4. Utilization Management Review	1	2	3	4	5	6	7	

### **Source of Knowledge Acquisition Rating Scale – Medical Malpractice Defense**

Directions – Please rate the entire following sources of information according to the importance in helping you acquire the requisite information to properly address the challenges presented by Medical Malpractice Defense. Indicate your answers by marking, bolding or highlighting the appropriate number.								
	Unimportant			---	Extremely Important			
1. Law School	1	2	3	4	5	6	7	
2. Judge Advocate School	1	2	3	4	5	6	7	
3. Continuing Legal Education (CLE)	1	2	3	4	5	6	7	
4. Personal Study	1	2	3	4	5	6	7	
5. Mentoring	1	2	3	4	5	6	7	
6. Experience/On-the-Job Training (OJT)	1	2	3	4	5	6	7	

**Source of Knowledge Acquisition Rating Scale – Quality Programs**

Directions – Please rate the entire following sources of information according to the importance in helping you acquire the requisite information to properly address the challenges presented by Quality Programs. Indicate your answers by marking, bolding or highlighting the appropriate number.								
	Unimportant			---	Extremely Important			
1. Law School	1	2	3	4	5	6	7	
2. Judge Advocate School	1	2	3	4	5	6	7	
3. Continuing Legal Education (CLE)	1	2	3	4	5	6	7	
4. Personal Study	1	2	3	4	5	6	7	
5. Mentoring	1	2	3	4	5	6	7	
6. Experience/On-the-Job Training (OJT)	1	2	3	4	5	6	7	

**Source of Knowledge Acquisition Rating Scale – Adverse Actions Process**

Directions – Please rate the entire following sources of information according to the importance in helping you acquire the requisite information to properly address the challenges presented by the Adverse Actions Process. Indicate your answers by marking, bolding or highlighting the appropriate number.								
	Unimportant			---	Extremely Important			
1. Law School	1	2	3	4	5	6	7	
2. Judge Advocate School	1	2	3	4	5	6	7	
3. Continuing Legal Education (CLE)	1	2	3	4	5	6	7	
4. Personal Study	1	2	3	4	5	6	7	
5. Mentoring	1	2	3	4	5	6	7	
6. Experience/On-the-Job Training (OJT)	1	2	3	4	5	6	7	

**Source of Knowledge Acquisition Rating Scale – Utilization Management Review**

Directions – Please rate the entire following sources of information according to the importance in helping you acquire the requisite information to properly address the challenges presented by the Utilization Management Review Process. Indicate your answers by marking, bolding or highlighting the appropriate number.								
	Unimportant			---	Extremely Important			
1. Law School	1	2	3	4	5	6	7	
2. Judge Advocate School	1	2	3	4	5	6	7	
3. Continuing Legal Education (CLE)	1	2	3	4	5	6	7	
4. Personal Study	1	2	3	4	5	6	7	
5. Mentoring	1	2	3	4	5	6	7	
6. Experience/On-the-Job Training (OJT)	1	2	3	4	5	6	7	

#### 4. Medical Ethics Issues Domain

Medical Ethics Issues from Phase I (Frequency that issue was raised during Phase I is shown in parenthesis)	
Bioethics (3)	
Medical Research (2)	

#### Medical Ethics Issues Rating Scale

Directions – Please rate the entire following Medical Ethics Issues identified in this study according to importance. Indicate your answers by marking, bolding or highlighting the appropriate number.								
	Unimportant			---	Extremely Important			
1. Bioethics	1	2	3	4	5	6	7	
2. Medical Research	1	2	3	4	5	6	7	

#### Source of Knowledge Acquisition Rating Scale – Bioethics

Directions – Please rate the entire following sources of information according to the importance in helping you acquire the requisite information to properly address the challenges presented by Bioethics. Indicate your answers by marking, bolding or highlighting the appropriate number.								
	Unimportant			---	Extremely Important			
1. Law School	1	2	3	4	5	6	7	
2. Judge Advocate School	1	2	3	4	5	6	7	
3. Continuing Legal Education (CLE)	1	2	3	4	5	6	7	
4. Personal Study	1	2	3	4	5	6	7	
5. Mentoring	1	2	3	4	5	6	7	
6. Experience/On-the-Job Training (OJT)	1	2	3	4	5	6	7	



**Source of Knowledge Acquisition Rating Scale – Medical Research**

Directions – Please rate the entire following sources of information according to the importance in helping you acquire the requisite information to properly address the challenges presented by Medical Research. Indicate your answers by marking, bolding or highlighting the appropriate number.								
	Unimportant			---	Extremely Important			
1. Law School	1	2	3	4	5	6	7	
2. Judge Advocate School	1	2	3	4	5	6	7	
3. Continuing Legal Education (CLE)	1	2	3	4	5	6	7	
4. Personal Study	1	2	3	4	5	6	7	
5. Mentoring	1	2	3	4	5	6	7	
6. Experience/On-the-Job Training (OJT)	1	2	3	4	5	6	7	

### 5. Financial Management Issues Domain

Financial Management Issues from Phase I (Frequency that issue was raised during Phase I is shown in parenthesis)	
Execution of Third Party Collections Contracts (3)	
Uniform Business Office Operations (2)	

### Financial Management Issues Rating Scale

Directions – Please rate the entire following Financial Management Issues identified in this study according to importance. Indicate your answers by marking, bolding or highlighting the appropriate number.								
	Unimportant			---	Extremely Important			
1. Execution of Third Party Collections Contracts	1	2	3	4	5	6	7	
2. Uniform Business Office Operations	1	2	3	4	5	6	7	

### Source of Knowledge Acquisition Rating Scale – Execution of Third Party Collections Contracts

Directions – Please rate the entire following sources of information according to the importance in helping you acquire the requisite information to properly address the challenges presented by Execution of Third Party Collections Contracts. Indicate your answers by marking, bolding or highlighting the appropriate number.								
	Unimportant			---	Extremely Important			
1. Law School	1	2	3	4	5	6	7	
2. Judge Advocate School	1	2	3	4	5	6	7	
3. Continuing Legal Education (CLE)	1	2	3	4	5	6	7	
4. Personal Study	1	2	3	4	5	6	7	
5. Mentoring	1	2	3	4	5	6	7	
6. Experience/On-the-Job Training (OJT)	1	2	3	4	5	6	7	

**Source of Knowledge Acquisition Rating Scale – Uniform Business Office Operations**

Directions – Please rate the entire following sources of information according to the importance in helping you acquire the requisite information to properly address the challenges presented by Uniform Business Office Operations. Indicate your answers by marking, bolding or highlighting the appropriate number.								
	Unimportant			---	Extremely Important			
1. Law School	1	2	3	4	5	6	7	
2. Judge Advocate School	1	2	3	4	5	6	7	
3. Continuing Legal Education (CLE)	1	2	3	4	5	6	7	
4. Personal Study	1	2	3	4	5	6	7	
5. Mentoring	1	2	3	4	5	6	7	
6. Experience/On-the-Job Training (OJT)	1	2	3	4	5	6	7	

### 6. Human Resource Issues Domain

Human Resource Issues from Phase I (Frequency that issue was raised during Phase I is shown in parenthesis)	
Availability of Qualified Personnel (5)	
Graduate Medical Education Programs (3)	
Deployment Related Issues (2)	
Complexity of IM/IT Systems (1)	

### Human Resource Issues Rating Scale

Directions – Please rate the entire following Human Resource Issues identified in this study according to importance. Indicate your answers by marking, bolding or highlighting the appropriate number.								
	Unimportant			---	Extremely Important			
1. Availability of Qualified Personnel	1	2	3	4	5	6	7	
2. Graduate Medical Education Programs	1	2	3	4	5	6	7	
3. Deployment Related Issues	1	2	3	4	5	6	7	
4. Complexity of IM/IT Systems	1	2	3	4	5	6	7	

### Source of Knowledge Acquisition Rating Scale – Availability of Qualified Personnel

Directions – Please rate the entire following sources of information according to the importance in helping you acquire the requisite information to properly address the challenges presented by ensuring the Availability of Qualified Personnel. Indicate your answers by marking, bolding or highlighting the appropriate number.								
	Unimportant			---	Extremely Important			
1. Law School	1	2	3	4	5	6	7	
2. Judge Advocate School	1	2	3	4	5	6	7	
3. Continuing Legal Education (CLE)	1	2	3	4	5	6	7	
4. Personal Study	1	2	3	4	5	6	7	
5. Mentoring	1	2	3	4	5	6	7	
6. Experience/On-the-Job Training (OJT)	1	2	3	4	5	6	7	

### Source of Knowledge Acquisition Rating Scale – Graduate Medical Education Programs

Directions – Please rate the entire following sources of information according to the importance in helping you acquire the requisite information to properly address the challenges presented by Graduate Medical Education Programs. Indicate your answers by marking, bolding or highlighting the appropriate number.								
	Unimportant			---	Extremely Important			
1. Law School	1	2	3	4	5	6	7	
2. Judge Advocate School	1	2	3	4	5	6	7	
3. Continuing Legal Education (CLE)	1	2	3	4	5	6	7	
4. Personal Study	1	2	3	4	5	6	7	
5. Mentoring	1	2	3	4	5	6	7	
6. Experience/On-the-Job Training (OJT)	1	2	3	4	5	6	7	

### Source of Knowledge Acquisition Rating Scale – Deployment Related Issues

Directions – Please rate the entire following sources of information according to the importance in helping you acquire the requisite information to properly address the challenges presented by Deployment Related Issues. Indicate your answers by marking, bolding or highlighting the appropriate number.								
	Unimportant			---	Extremely Important			
1. Law School	1	2	3	4	5	6	7	
2. Judge Advocate School	1	2	3	4	5	6	7	
3. Continuing Legal Education (CLE)	1	2	3	4	5	6	7	
4. Personal Study	1	2	3	4	5	6	7	
5. Mentoring	1	2	3	4	5	6	7	
6. Experience/On-the-Job Training (OJT)	1	2	3	4	5	6	7	

**Source of Knowledge Acquisition Rating Scale – Complexity of IM/IT Systems**

Directions – Please rate the entire following sources of information according to the importance in helping you acquire the requisite information to properly address the challenges presented by the complexity of IM/IT Systems. Indicate your answers by marking, bolding or highlighting the appropriate number.								
	Unimportant			---	Extremely Important			
1. Law School	1	2	3	4	5	6	7	
2. Judge Advocate School	1	2	3	4	5	6	7	
3. Continuing Legal Education (CLE)	1	2	3	4	5	6	7	
4. Personal Study	1	2	3	4	5	6	7	
5. Mentoring	1	2	3	4	5	6	7	
6. Experience/On-the-Job Training (OJT)	1	2	3	4	5	6	7	

**7. Domain Rating Scale**

Directions – Please rate the entire following Domains identified in this study according to importance. Indicate your answers by marking, bolding or highlighting the appropriate number.								
	Unimportant			---	Extremely Important			
1. Compliance Issues Domain	1	2	3	4	5	6	7	
2. Contracting Issues Domain	1	2	3	4	5	6	7	
3. Quality Management Issues Domain	1	2	3	4	5	6	7	
4. Medical Ethics Issues Domain	1	2	3	4	5	6	7	
5. Financial Management Issues Domain	1	2	3	4	5	6	7	
6. Human Resource Issues Domain	1	2	3	4	5	6	7	

### Appendix C – Descriptive Statistical Tables

<b>Table C1.</b>		
<i>Reported Frequencies of Important Issues/Problem Areas within the Six Identified Domains</i>		
Domain	Frequency <sup>a</sup>	%
<b>1. Contracting</b>	<b>14</b>	<b>22.6</b>
TRICARE Next Contract	5	
Educational Agreements	2	
Resource Sharing Agreements	2	
Technology Transfer Agreements	2	
Other Sharing Agreements	2	
<b>2. Quality Management</b>	<b>14</b>	<b>22.6</b>
Medical Malpractice Defense	9	
Quality Programs	2	
Adverse Actions Process	2	
Utilization Management Review	1	
<b>3. Compliance</b>	<b>13</b>	<b>21.1</b>
Proper Release of Personal Health Information	11	
Joint Ethics Regulation Compliance	2	
<b>4. Human Resource</b>	<b>11</b>	<b>17.5</b>
Availability of Qualified Personnel	5	
Graduate Medical Education Programs	3	
Deployment Related Issues	2	
Complexity of Information Systems	1	
<b>5. Medical Ethics</b>	<b>5</b>	<b>8.1</b>
Bioethics	3	
Medical Research	2	
<b>6. Financial Management</b>	<b>5</b>	<b>8.1</b>
Execution of Third Party Collections Contracts	3	
Uniform Business Office Operations	2	
<b>Total Competencies</b>	<b>62</b>	<b>100.0</b>
<sup>a</sup> Frequencies are the number of times a like-item issues was listed by respondents in the first round of the Delphi study		



<b>Table C2.</b>				
<i>Demographics of U.S. Army and Air Force Judge Advocates</i>				
<b>Variable</b>	<b>Mean</b>	<b>S.D.</b>	<b>No.*</b>	<b>%</b>
<b>Experience</b>				
Age	36.56	5.62		
Years in Military	9.75	4.75		
Years in Law	10.56	5.23		
<b>Gender</b>				
Male			13	81.3
Female			3	18.7
<b>Branch of Service</b>				
Air Force			11	68.8
Army			5	31.2
<b>Job Title/Position</b>				
Medical Law Consultant			10	62.4
Center Judge Advocate			4	25.0
Medical Law Attorney			1	6.3
Command Judge Advocate			1	6.3
<b>Education</b>				
Juris Doctor			16	100.0
Bachelor of Arts			10	62.5
Bachelor of Science			6	37.5
LLM			5	31.2
Other Graduate Degree			0	0.0
*Number of participants who responded to variable				

<b>Table C3.</b> <i>Inter-Item Reliability Utilizing Cronbach's Alpha Coefficient</i>			
	<b>No. of Items</b>	<b>Alpha</b>	<b>F Value</b>
<b>Domain</b>			
Compliance	14	.43	19.50
Contracting	42	.92	16.49
Quality Management	28	.89	32.90
Medical Ethics	14	.79	48.28
Financial Management	14	.91	10.24
Human Resource	28	.93	17.13

<b>Table C4.</b>		
<i>Descriptive Statistics for Compliance Domain</i>		
	<b>Mean</b>	<b>S.D.</b>
<b>Identified Issue Importance</b>		
1. Proper Release of Personal Health Information	6.75	0.45
2. Joint Ethics Regulation	5.88	1.59
<b>Source of Knowledge Importance for Identified Issue</b>		
1. Proper Release of Personal Health Information		
Experience/On-the-Job Training	6.63	0.62
Personal Study	6.19	0.75
Continuing Legal Education	4.88	1.63
Mentoring	4.87	1.59
Judge Advocate School	3.44	1.41
Law School	2.69	1.58
2. Joint Ethics Regulation		
Experience/On-the-Job Training	6.38	0.62
Personal Study	5.88	0.72
Mentoring	5.13	1.41
Continuing Legal Education	4.81	1.64
Judge Advocate School	4.56	1.83
Law School	2.19	1.56

Importance rating based on a 7-point bipolar rating scale (1=unimportant, 7=important)

<b>Table C5.</b>		
<i>Descriptive Statistics for Contracting Domain</i>		
	<b>Mean</b>	<b>S.D.</b>
<b>Identified Issue Importance</b>		
1. Educational Agreements	5.75	0.93
2. Resource Sharing Agreements	5.31	0.95
3. TRICARE Next Contract	4.50	1.37
4. Other Sharing Agreements	4.38	1.09
5. Technology Transfer Agreements	4.13	1.15
6. Enhanced Use Leasing	3.00	1.59
<b>Source of Knowledge Importance for Identified Issue</b>		
1. Educational Agreements		
Experience/On-the-Job Training	6.19	1.47
Personal Study	4.94	2.21
Mentoring	4.81	2.07
Continuing Legal Education	3.75	2.05
Law School	1.87	1.26
Judge Advocate School	1.81	1.05
2. Resource Sharing Agreements		
Experience/On-the-Job Training	6.19	1.52
Personal Study	4.88	2.16
Mentoring	4.81	1.97
Continuing Legal Education	2.75	1.73
Judge Advocate School	1.75	1.07
Law School	1.56	0.73
3. TRICARE Next Contract		
Experience/On-the-Job Training	5.75	1.92
Personal Study	5.19	1.91
Mentoring	4.75	2.08
Continuing Legal Education	3.00	2.16
Law School	1.94	1.34
Judge Advocate School	1.81	1.17
4. Other Sharing Agreements		
Experience/On-the-Job Training	5.06	2.21
Mentoring	4.63	2.21
Personal Study	4.31	2.21
Continuing Legal Education	2.81	1.60
Judge Advocate School	1.88	1.03
Law School	1.69	0.95
5. Technology Transfer Agreements		
Experience/On-the-Job Training	4.75	2.27

	Mentoring	4.25	2.30
	Personal Study	3.81	2.01
	Continuing Legal Education	2.63	1.71
	Law School	1.56	0.96
	Judge Advocate School	1.56	0.89
6. Enhanced Use Leasing			
	Experience/On-the-Job Training	3.50	2.19
	Mentoring	3.38	2.03
	Personal Study	2.94	1.65
	Continuing Legal Education	2.00	1.32
	Judge Advocate School	1.69	1.01
	Law School	1.63	1.09

Importance rating based on a 7-point bipolar rating scale (1=unimportant, 7=important)

**Table C6.***Descriptive Statistics for Quality Management Domain*

	Mean	S.D.
<b>Identified Issue Importance</b>		
1. Medical Malpractice Defense	6.50	0.89
2. Adverse Actions Process	6.19	0.91
3. Quality Programs	5.88	0.96
4. Utilization Management Review	3.69	1.70
<b>Source of Knowledge Importance for Identified Issue</b>		
1. Medical Malpractice Defense		
Experience/On-the-Job Training	6.56	0.51
Personal Study	6.00	0.89
Mentoring	5.63	1.02
Continuing Legal Education	5.38	1.41
Law School	4.75	1.88
Judge Advocate School	4.06	1.53
2. Adverse Actions Process		
Experience/On-the-Job Training	6.69	0.70
Personal Study	5.69	1.54
Mentoring	5.69	1.49
Continuing Legal Education	3.50	2.00
Judge Advocate School	2.88	1.59
Law School	1.69	0.87
3. Quality Programs		
Experience/On-the-Job Training	6.44	0.73
Personal Study	5.25	1.48
Mentoring	5.00	1.97
Continuing Legal Education	3.19	1.87
Judge Advocate School	1.75	1.00
Law School	1.63	0.89
4. Technology Transfer Agreements		
Experience/On-the-Job Training	4.38	2.25
Mentoring	3.56	2.00
Personal Study	3.38	1.78
Continuing Legal Education	2.06	1.39
Judge Advocate School	1.56	0.89
Law School	1.38	0.62

Importance rating based on a 7-point bipolar rating scale (1=unimportant, 7=important)

<b>Table C7.</b>		
<i>Descriptive Statistics for Medical Ethics Domain</i>		
	<b>Mean</b>	<b>S.D.</b>
<b>Identified Issue Importance</b>		
1. Medical Research	6.06	0.77
2. Bioethics	5.75	1.06
<b>Source of Knowledge Importance for Identified Issue</b>		
1. Bioethics		
Experience/On-the-Job Training	6.44	0.51
Personal Study	5.69	1.08
Mentoring	5.19	1.60
Continuing Legal Education	4.50	1.59
Law School	2.38	1.67
Judge Advocate School	1.69	0.95
2. Medical Research		
Experience/On-the-Job Training	6.31	0.79
Personal Study	5.88	0.89
Mentoring	5.69	0.79
Continuing Legal Education	3.88	2.31
Judge Advocate School	1.63	0.89
Law School	1.56	0.81

Importance rating based on a 7-point bipolar rating scale (1=unimportant, 7=important)

<b>Table C8.</b>		
<i>Descriptive Statistics for Financial Management Domain</i>		
	<b>Mean</b>	<b>S.D.</b>
<b>Identified Issue Importance</b>		
1. Execution of Third Party Collections Contracts	3.81	1.52
2. Uniform Business Office Operations	3.44	1.50
<b>Source of Knowledge Importance for Identified Issue</b>		
1. Execution of Third Party Collections Contracts		
Experience/On-the-Job Training	4.75	1.98
Mentoring	3.56	1.82
Personal Study	3.50	1.79
Continuing Legal Education	2.75	1.61
Judge Advocate School	2.56	1.82
Law School	1.69	1.08
2. Uniform Business Office Operations		
Experience/On-the-Job Training	4.38	2.09
Mentoring	3.19	1.72
Personal Study	3.06	1.88
Continuing Legal Education	2.06	1.24
Judge Advocate School	1.81	1.05
Law School	1.56	0.96

Importance rating based on a 7-point bipolar rating scale (1=unimportant, 7=important)



**Table C9.***Descriptive Statistics for Human Resource Domain*

	Mean	S.D.
<b>Identified Issue Importance</b>		
1. Availability of Qualified Personnel	5.31	1.96
2. Graduate Medical Education Programs	5.13	1.75
3. Deployment Related Issues	5.13	1.67
4. Complexity of Information Systems	3.75	1.69
<b>Source of Knowledge Importance for Identified Issue</b>		
1. Availability of Qualified Personnel		
Experience/On-the-Job Training	5.19	1.87
Mentoring	4.00	1.93
Personal Study	3.25	2.02
Continuing Legal Education	2.56	1.67
Law School	2.31	1.70
Judge Advocate School	2.31	1.66
2. Graduate Medical Education Programs		
Experience/On-the-Job Training	5.50	1.90
Mentoring	4.38	2.03
Personal Study	4.13	2.06
Continuing Legal Education	2.56	1.75
Law School	1.75	1.13
Judge Advocate School	1.56	0.89
3. Adverse Actions Process		
Experience/On-the-Job Training	5.69	1.54
Mentoring	4.81	1.76
Personal Study	4.50	1.86
Judge Advocate School	3.75	1.81
Continuing Legal Education	2.75	1.88
Law School	1.56	1.09
4. Complexity of Information Systems		
Experience/On-the-Job Training	4.19	2.17
Mentoring	3.13	1.82
Personal Study	2.69	1.54
Continuing Legal Education	2.13	1.26
Judge Advocate School	1.56	0.73
Law School	1.44	0.73

Importance rating based on a 7-point bipolar rating scale (1=unimportant, 7=important)

<b>Table C10.</b>		
<i>Descriptive Statistics for Importance Ratings of Domains</i>		
	<b>Mean</b>	<b>S.D.</b>
<b>Identified Domain Importance</b>		
1. Compliance	5.50	1.75
2. Medical Ethics	5.19	0.83
3. Quality Management	5.13	1.63
4. Contracting	4.56	1.50
5. Human Resources	4.56	0.89
6. Financial Management	4.31	1.14

Importance rating based on a 7-point bipolar rating scale (1=unimportant, 7=important)

**Table C11.***Descriptive Statistics for Ratings of Importance of Issues*

<b>Issue Description</b>	<b>Domain</b>	<b>Mean</b>	<b>S.D.</b>
1. Proper Release of Personal Health Information	Compliance	6.75	0.45
2. Medical Malpractice Defense	Quality Management	6.50	0.89
3. Adverse Actions Process	Quality Management	6.19	0.91
4. Medical Research	Medical Ethics	6.06	0.77
5. Joint Ethics Regulation	Compliance	5.88	1.59
6. Quality Programs	Quality Management	5.88	0.96
7. Educational Agreements	Contracting	5.75	0.93
8. Bioethics	Medical Ethics	5.75	1.06
9. Availability of Qualified Personnel	Human Resource	5.31	1.96
10. Resource Sharing Agreements	Contracting	5.31	0.95
11. Graduate Medical Education Programs	Human Resource	5.13	1.75
12. Deployment Related Issues	Human Resource	5.13	1.67
13. TRICARE Next Contract	Contracting	4.50	1.37
14. Other Sharing Agreements	Contracting	4.38	1.09
15. Technology Transfer Agreements	Contracting	4.13	1.15
16. Execution of Third Party Collections Contracts	Financial Management	3.81	1.52
17. Complexity of Information Systems	Human Resource	3.75	1.69
18. Utilization Management Review	Quality Management	3.69	1.70
19. Uniform Business Office Operations	Financial Management	3.44	1.50
20. Enhanced Use Leasing	Contracting	3.00	1.59

Importance rating based on a 7-point bipolar rating scale (1=unimportant, 7=important)

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<b>Table C12.</b>				
<i>Descriptive Statistics for Sources from which Legal Knowledge is Acquired</i>				
<b>Source Description</b>	<b>Issue</b>	<b>Domain</b>	<b>Mean</b>	<b>S.D.</b>
1. Experience/On-the-Job Training	Adverse Actions Process	Quality Management	6.69	0.70
2. Experience/On-the-Job Training	Proper Release of Personal Health Information	Compliance	6.63	0.62
3. Experience/On-the-Job Training	Medical Malpractice Defense	Quality Management	6.56	0.51
4. Experience/On-the-Job Training	Quality Programs	Quality Management	6.44	0.73
5. Experience/On-the-Job Training	Medical Research	Medical Ethics	6.44	0.51
6. Experience/On-the-Job Training	Joint Ethics Regulation	Compliance	6.38	0.62
7. Experience/On-the-Job Training	Bioethics	Medical Ethics	6.31	0.79
8. Experience/On-the-Job Training	Educational Agreements	Contracting	6.19	1.47
9. Experience/On-the-Job Training	Resource Sharing Agreements	Contracting	6.19	1.52
10. Personal Study	Proper Release of Personal Health Information	Compliance	6.19	0.75
11. Personal Study	Medical Malpractice Defense	Quality Management	6.00	0.89
12. Personal Study	Joint Ethics Regulation	Compliance	5.88	0.72
13. Personal Study	Bioethics	Medical Ethics	5.88	0.89
14. Experience/On-the-Job Training	TRICARE Next Contract	Contracting	5.75	1.92
15. Experience/On-the-Job Training	Deployment Related Issues	Human Resource	5.69	1.54
16. Mentoring	Adverse Actions Process	Quality Management	5.69	1.49
17. Mentoring	Bioethics	Medical Ethics	5.69	0.79
18. Personal Study	Adverse Actions Process	Quality Management	5.69	1.54
19. Personal Study	Medical Research	Medical Ethics	5.69	1.08
20. Mentoring	Medical Malpractice Defense	Quality Management	5.63	1.02
21. Experience/On-the-Job Training	Graduate Medical Education Programs	Human Resource	5.50	1.90
22. Continuing Legal Education	Medical Malpractice Defense	Quality Management	5.38	1.41
23. Personal Study	Quality Programs	Quality Management	5.25	1.48
24. Personal Study	TRICARE Next Contract	Contracting	5.19	1.91
25. Experience/On-the-Job Training	Availability of Qualified Personnel	Human Resource	5.19	1.87
26. Mentoring	Medical Research	Medical Ethics	5.19	1.60
27. Mentoring	Joint Ethics Regulation	Compliance	5.13	1.41
28. Experience/On-the-Job Training	Other Sharing Agreements	Contracting	5.06	2.21
29. Mentoring	Quality Programs	Quality Management	5.00	1.97

30. Personal Study	Educational Agreements	Contracting	4.94	2.21
31. Continuing Legal Education	Proper Release of Personal Health Information	Compliance	4.88	1.63
32. Personal Study	Resource Sharing Agreements	Contracting	4.88	2.16
33. Mentoring	Proper Release of Personal Health Information	Compliance	4.87	1.59
34. Mentoring	Deployment Related Issues	Human Resource	4.81	1.76
35. Continuing Legal Education	Joint Ethics Regulation	Compliance	4.81	1.64
36. Mentoring	Educational Agreements	Contracting	4.81	2.07
37. Mentoring	Resource Sharing Agreements	Contracting	4.81	1.97
38. Experience/On-the-Job Training	Technology Transfer Agreements	Contracting	4.75	2.27
39. Experience/On-the-Job Training	Execution of Third Party Collections Contracts	Financial Management	4.75	1.98
40. Law School	Medical Malpractice Defense	Quality Management	4.75	1.88
41. Mentoring	TRICARE Next Contract	Contracting	4.75	2.08
42. Mentoring	Other Sharing Agreements	Contracting	4.63	2.21
43. Judge Advocate School	Joint Ethics Regulation	Compliance	4.56	1.83
44. Continuing Legal Education	Medical Research	Medical Ethics	4.50	1.59
45. Personal Study	Deployment Related Issues	Human Resource	4.50	1.86
46. Experience/On-the-Job Training	Utilization Management Review	Quality Management	4.38	2.25
47. Experience/On-the-Job Training	Uniform Business Office Operations	Financial Management	4.38	2.09
48. Mentoring	Graduate Medical Education Programs	Human Resource	4.38	2.03
49. Personal Study	Other Sharing Agreements	Contracting	4.31	2.21
50. Mentoring	Technology Transfer Agreements	Contracting	4.25	2.30
51. Experience/On-the-Job Training	Complexity of Information Systems	Human Resource	4.19	2.17
52. Personal Study	Graduate Medical Education Programs	Human Resource	4.13	2.06
53. Judge Advocate School	Medical Malpractice Defense	Quality Management	4.06	1.53
54. Mentoring	Availability of Qualified Personnel	Human Resource	4.00	1.93
55. Continuing Legal Education	Bioethics	Medical Ethics	3.88	2.31
56. Personal Study	Technology Transfer Agreements	Contracting	3.81	2.01
57. Continuing Legal Education	Educational Agreements	Contracting	3.75	2.05
58. Judge Advocate School	Deployment Related Issues	Human Resource	3.75	1.81
59. Mentoring	Utilization Management Review	Quality Management	3.56	2.00
60. Mentoring	Execution of Third Party Collections Contracts	Financial Management	3.56	1.82
61. Continuing Legal Education	Adverse Actions Process	Quality Management	3.50	2.00

62. Experience/On-the-Job Training	Enhanced Use Leasing	Contracting	3.50	2.19
63. Personal Study	Execution of Third Party Collections Contracts	Financial Management	3.50	1.79
64. Judge Advocate School	Proper Release of Personal Health Information	Compliance	3.44	1.41
65. Mentoring	Enhanced Use Leasing	Contracting	3.38	2.03
66. Personal Study	Utilization Management Review	Quality Management	3.38	1.78
67. Personal Study	Availability of Qualified Personnel	Human Resource	3.25	2.02
68. Continuing Legal Education	Quality Programs	Quality Management	3.19	1.87
69. Mentoring	Uniform Business Office Operations	Financial Management	3.19	1.72
70. Mentoring	Complexity of Information Systems	Human Resource	3.13	1.82
71. Personal Study	Uniform Business Office Operations	Financial Management	3.06	1.88
72. Continuing Legal Education	TRICARE Next Contract	Contracting	3.00	2.16
73. Personal Study	Enhanced Use Leasing	Contracting	2.94	1.65
74. Judge Advocate School	Adverse Actions Process	Quality Management	2.88	1.59
75. Continuing Legal Education	Other Sharing Agreements	Contracting	2.81	1.60
76. Continuing Legal Education	Resource Sharing Agreements	Contracting	2.75	1.73
77. Continuing Legal Education	Execution of Third Party Collections Contracts	Financial Management	2.75	1.61
78. Continuing Legal Education	Deployment Related Issues	Human Resource	2.75	1.88
79. Law School	Proper Release of Personal Health Information	Compliance	2.69	1.58
80. Personal Study	Complexity of Information Systems	Human Resource	2.69	1.54
81. Continuing Legal Education	Technology Transfer Agreements	Contracting	2.63	1.71
82. Continuing Legal Education	Availability of Qualified Personnel	Human Resource	2.56	1.67
83. Continuing Legal Education	Graduate Medical Education Programs	Human Resource	2.56	1.75
84. Judge Advocate School	Execution of Third Party Collections Contracts	Financial Management	2.56	1.82
85. Law School	Medical Research	Medical Ethics	2.38	1.67
86. Judge Advocate School	Availability of Qualified Personnel	Human Resource	2.31	1.66
87. Law School	Availability of Qualified Personnel	Human Resource	2.31	1.70
88. Law School	Joint Ethics Regulation	Compliance	2.19	1.56
89. Continuing Legal Education	Complexity of Information Systems	Human Resource	2.13	1.26
90. Continuing Legal Education	Utilization Management Review	Quality Management	2.06	1.39
91. Continuing Legal Education	Uniform Business Office Operations	Financial Management	2.06	1.24
92. Continuing Legal Education	Enhanced Use Leasing	Contracting	2.00	1.32
93. Law School	TRICARE Next Contract	Contracting	1.94	1.34

94. Judge Advocate School	Other Sharing Agreements	Contracting	1.88	1.03
95. Law School	Educational Agreements	Contracting	1.87	1.26
96. Judge Advocate School	Uniform Business Office Operations	Financial Management	1.81	1.05
97. Judge Advocate School	TRICARE Next Contract	Contracting	1.81	1.17
98. Judge Advocate School	Educational Agreements	Contracting	1.81	1.05
99. Judge Advocate School	Resource Sharing Agreements	Contracting	1.75	1.07
100. Judge Advocate School	Quality Programs	Quality Management	1.75	1.00
101. Law School	Graduate Medical Education Programs	Human Resource	1.75	1.13
102. Judge Advocate School	Enhanced Use Leasing	Contracting	1.69	1.01
103. Law School	Other Sharing Agreements	Contracting	1.69	0.95
104. Judge Advocate School	Medical Research	Medical Ethics	1.69	0.95
105. Law School	Adverse Actions Process	Quality Management	1.69	0.87
106. Law School	Execution of Third Party Collections Contracts	Financial Management	1.69	1.08
107. Law School	Enhanced Use Leasing	Contracting	1.63	1.09
108. Judge Advocate School	Bioethics	Medical Ethics	1.63	0.89
109. Law School	Quality Programs	Quality Management	1.63	0.89
110. Judge Advocate School	Utilization Management Review	Quality Management	1.56	0.89
111. Judge Advocate School	Graduate Medical Education Programs	Human Resource	1.56	0.89
112. Judge Advocate School	Complexity of Information Systems	Human Resource	1.56	0.73
113. Law School	Bioethics	Medical Ethics	1.56	0.81
114. Law School	Uniform Business Office Operations	Financial Management	1.56	0.96
115. Law School	Deployment Related Issues	Human Resource	1.56	1.09
116. Judge Advocate School	Technology Transfer Agreements	Contracting	1.56	0.89
117. Law School	Resource Sharing Agreements	Contracting	1.56	0.73
118. Law School	Technology Transfer Agreements	Contracting	1.56	0.96
119. Law School	Complexity of Information Systems	Human Resource	1.44	0.73
120. Law School	Utilization Management Review	Quality Management	1.38	0.62

Importance rating based on a 7-point bipolar rating scale (1=unimportant, 7=important)

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